

# **SERVICES FOR STUDENTS ON THE AUTISM SPECTRUM**



**OFFICE OF LEGISLATIVE OVERSIGHT  
REPORT NUMBER 2012-3**

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### **THE ASSIGNMENT**

This report responds to the Council's request for the Office of Legislative Oversight (OLO) to describe research on best practices for serving students with autism spectrum disorders (ASD), County services for students with ASD, and the perspectives of staff and parents about what works well and what opportunities exist to improve services.

Overall, OLO found that enrollment of students on the autism spectrum in MCPS increased more than five-fold in the last decade and students on the autism spectrum account for nearly one in ten current MCPS students enrolled in special education programs. Although Montgomery County's programs comply with policy mandates and many staff and parents cite several strengths with MCPS' and DHHS' delivery of services for students with ASD, opportunities exist to improve services and to evaluate the effectiveness of local programs.

### **AUTISM SPECTRUM DISORDERS**

Autism spectrum disorders refer to a continuum of complex neurological disorders that can cause delays or problems in a variety of skills from infancy to adulthood. Children on the autism spectrum are a heterogeneous group who fall along the continuum based on the severity of their autism disorder and its co-morbidity with other disabilities, including emotional and intellectual disabilities.

The primary disorders on the spectrum are autistic disorder, Asperger's syndrome, and pervasive developmental disorder. Children diagnosed with an ASD often share challenges in three areas of development - social interaction, language and behavior - that present as ritualistic behaviors. The presence, onset, and severity of symptoms of ASD vary significantly by child. Over time, some children become more interactive and demonstrate fewer behavioral issues, while some continue to have difficulty with these developmental skills into adulthood.

### **POLICY MANDATES**

Federal policy mandates, state regulations, and local policies guide Montgomery County's delivery of services to children on the autism spectrum. The primary applicable federal laws are the Individuals with Disabilities Act (IDEA) and the No Child Left Behind Act (NCLB). Some of the mandates in these laws require MCPS and/or DHHS to:

- Provide early intervention services to children from birth to age four;
- Provide a "free and appropriate public education" from birth to age 21;
- Educate students in the "least restrictive environment" appropriate (LRE);
- Create an individualized family service plan (IFSP) or an individualized education plan (IEP);
- Provide procedural safeguards so that parents of students with disabilities can receive prior notice of services and give consent for assessments and services, seek independent evaluation, and file complaints; and
- Demonstrate adequate yearly progress for all student groups, including those with disabilities.

The Code of Maryland also requires certain processes for serving students with disabilities including beginning transition planning by age 14; considering nonpublic placements when appropriate; and coordinating the State's Autism Waiver program. MCPS policy requires accountability for performance among all students.

### **BEST PRACTICES**

Over the past decade, both federally-funded researchers and a state-wide task force have identified a number of best practices for improving outcomes among children and students with ASD. These best practices recommend how to plan and measure progress (e.g., process) and specific interventions. Recognized best practices for serving students with ASD are summarized in Chart A on the next page. Yet, it is important to recognize that research about effective treatments for ASD remains a work in progress with no one set of strategies benefiting every student with ASD.

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**Chart A: Summary of Best Practices for Serving Students with Autism Spectrum Disorders**

<b>Best Practices: Process</b>	<b>Best Practices: Specific Interventions</b>
<ul style="list-style-type: none"><li>• Set measurable objectives achievable within a year</li><li>• Document and monitor progress frequently</li><li>• Provide ongoing supports to parents and include them in the planning process</li><li>• Develop a plan to train professionals and paraprofessional providers on best practices</li></ul>	<ul style="list-style-type: none"><li>• Applied behavioral analysis packages and techniques</li><li>• Modeling (by adults or peers)</li><li>• Schedules (e.g. written words, pictures, or work stations)</li><li>• Self management (e.g. use of checklists or tokens)</li><li>• Story-based interventions</li><li>• Social skills training groups</li></ul>

**MCPS AND DHHS SERVICES FOR STUDENTS ON THE AUTISM SPECTRUM**

MCPS and DHHS work collaboratively to deliver services to children on the autism spectrum. DHHS serves as the lead agency for the County's Early Intervention Services Program for Infants, Toddlers, and Preschoolers. In addition, DHHS provides case management of wrap around services for children and families in MCPS' Autism Waiver Program and administers three other programs that serve young people with developmental disabilities.

MCPS' Office of Special Education and Student Services serves as the lead agency for the County's special education programs and the Autism Waiver Program and, under contract to DHHS, provides most of the County's early intervention services for young children from birth to age 3. MCPS' school-based services offer a broad range of programs that serve students with ASD, including specific autism programs as well as other special education programs that also serve students with autism. (See Chart B at the top of the next page.)

For MCPS programs, an IEP screening team of staff and an IEP assessment team inclusive of staff and parents assess a student's need for special education services. A parent may submit a private assessment of disability to the MCPS team for consideration during this process, but the IEP assessment team ultimately determines eligibility. If a child is deemed eligible for services, the IEP assessment team develops a plan that must address the child's needs and makes a placement decision. At least annually, MCPS must revisit the placement and include parents in the process. The IEP is also used to track the student's progress toward meeting his/her learning goals.

MCPS and DHHS also work together to provide any related services that are required for a student's IFSP or IEP, such as assistive technology, speech and language services, and occupational or physical therapy.

**PROGRAM ENROLLMENT AND COSTS**

The number of children and students with ASD who received County services increased from 266 in FY01 to 1,642 in FY11. This five-fold increase over the past decade reflects factors such as the newness of autism as a federal disability classification, improving diagnostic trends, and a better understanding of ASD symptoms. Today, students with autism as a primary disability account for nearly 10% of MCPS' special education enrollment.

In FY11, the County served 21% of students with ASD in MCPS programs specifically designed for students with ASD and it served the remaining 79% of students with ASD in other special education programs (such as home school settings) that aligned with their IEP goals and also served students with other disabilities (such as emotional or learning disabilities).

The County's average per student cost of providing services to student with ASD ranged from \$73,000 for nonpublic placements to \$12,000 for home school settings. Overall, MCPS program costs for students with autism totaled about \$52 million in FY11, with an average cost of \$33,000 per student. Chart B on the next page shows the distribution of students with ASD by special education program and average cost per student in FY11.

Additionally, the Autism Waiver Program that provides wrap-around services for eligible students had an average cost of \$50,000 per student in FY11 and total cost of \$10 million. This program is funded in total by Medicaid.

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**Chart B: MCPS Special Education Programs Serving Students with Autism Spectrum Disorders, Enrollment, and Average per Student Costs, FY11**

Program/Placement	Description	% of ASD Enrollment	Average per Student Cost
Autism Programs	Pre K – 12 programs that <i>exclusively serve</i> students with ASD	21%	\$33,000
Home School Settings	Serve students in their neighborhood schools	20%	\$12,000
Fundamental Life Skills Programs	Serve students in certificate-bound programs	19%	\$30,000
Nonpublic Programs	Places students in private schools to meet their educational needs	13%	\$73,000
Learning Disability Services	Serve students with specific learning disabilities	11%	\$13,000
Emotional Disability Services	Serve students with emotional disabilities	7%	\$24,000
Learning Centers	Coordinated services for a variety of students with disabilities	6%	\$17,000
Preschool Education Programs	Service preschool students with disabilities	2%	\$20,000

### PERFORMANCE AND STRATEGIC PLANNING

MCPS tracks County-wide performance data for students with disabilities to comply with NCLB. Both MCPS and DHHS also track County-wide performance measures for early intervening services and special education to comply with MSDE reporting requirements for IDEA. Each set of measures tracks the collective performance of all students with disabilities, but does not disaggregate or describe the performance of specific disability groups. MSDE's most recent assessments of DHHS' administration of the County's Infants and Toddlers Program (FY09) and MCPS' administration of IDEA Part B programs (FY09) ranked each program as "high." MCPS, however, has not reached several of its students with disabilities' performance targets for proficiency on state assessments (i.e. MSA and HSA).

Both DHHS and MCPS track performance data among individual students with ASD to document students' progress on their learning goals. Both agencies use individualized plan data to adjust strategies and short-term objectives if students are not making desired progress. Yet, neither agency aggregates data on the performance of children with ASD separate from the data they collect and monitor on the performance of students with disabilities overall.

MCPS' Office of Special Education and Student Services, its Department of Special Education Services, and the program units that serve students with ASD each track performance outcomes aimed at improving services and outcomes among students with disabilities as part of their strategic planning processes. Specific data points collected by MCPS include data on suspensions, graduation rates, LRE, and parent and staff satisfaction. MCPS has the ability to report performance outcomes specific to students with ASD among its strategic plan measures but does not do so because it perceives that its current approaches are sufficient for improving outcomes among students with ASD.

### PERSPECTIVES ON SERVICES

OLO conducted interviews and two focus groups to elicit perspectives about the County's services. Both staff and parents generally have a favorable impression of the Infant and Toddler's program, the Autism Waiver Program, MCPS' variety of special education options and services, and MCPS' social and organizational skills courses for students with ASD. Some of the other strengths in the current provision of services to students with ASD that staff and parents identified included close working relationships among staff, services provided through MCPS' special education prekindergarten programs, the support of front line staff, and the expertise of central staff.

Some areas for improvement that staff and parents identified included increasing resources for family support and wrap-around services, interventions for meeting the needs of school-age children, support for students across the LRE continuum, communication between staff and families, and outreach to diverse families.

OLO recommends the Council address the following discussion issues to improve their understanding and oversight of County appropriations aimed at addressing the needs of students with ASD.

**Discussion Issue #1: How MCPS' and DHHS' practices for serving students with autism spectrum disorders align with research-based best practices.** OLO recommends the Council discuss this issue with agency representatives to provide a more complete picture of their knowledge and application of best practices. Recommended questions for discussion include:

- What are DHHS' and MCPS' perspectives about their best practices for improving outcomes?
- How do agency practices compare to those recommended by the National Academy of Science, the National Standards Project, the National Professional Development Center, and the Maryland Autism Task Force?
- How does each agency ensure the use of best practices among its varied programs? How does each agency plan for training, professional development, and the use of best practices among staff and contractors?

**Discussion Issue #2: MCPS efforts to improve the school system's responsiveness to children on the autism spectrum with significant behavioral, emotional and/or learning needs.** Staff and parents recognize the need for additional and more effective interventions to address the behavioral and emotional needs of some students on the spectrum. Recommended discussion questions include:

- What strategies/practices does MCPS employ to address the behavioral/emotional challenges of students with ASD?
- What is the process for identifying and implementing additional strategies focused on meeting students' "extraordinary" behavioral/ emotional needs?
- What strategies/ practices does MCPS employ to address the learning needs of students in the "middle" of the spectrum that typically participate in the modified state assessments (i.e. Mod-MSA's)?

**Discussion Issue #3: Improving communication with parents of students on the autism spectrum, particularly to enhance awareness of school-based programs and outreach to diverse families.** During OLO's interviews, some parents said that neither they nor school-based staffs were aware of the potential MCPS resources and program options for children with ASD. For their part, MCPS staff identified "better communication with parents" as an opportunity for improvement. Recommended questions include:

- How does each agency communicate with parents about its services?
- What are the challenges and opportunities for improving parents' understanding of available programs?
- What, if any, additional efforts are underway to communicate to culturally and/or linguistically diverse families?

**Discussion Issue #4: Potential merits and drawbacks of developing a strategic plan to track, understand, and improve the performance of students with autism spectrum disorders.** Currently, information about how students with ASD perform on a County-wide level is lacking. OLO recommends that the Council discuss with MCPS whether a strategic plan that would address the collective performance of students with ASD has merit. Recommended discussion questions include:

- What planning has the Board of Education and/or MCPS staff undertaken to improve the school system's capacity to serve students on the autism spectrum?
- Has the Board or MCPS considered evaluating the school system's services for students on the autism spectrum and/or developing a strategic plan to improve outcomes among students on the spectrum?
- To what extent could focusing on the performance of students with ASD result in progress in MCPS services to students with disabilities overall?

**Office of Legislative Report 2012-3**

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## **Chapter I. Authority, Scope, and Organization of Report**

### **A. Authority**

Council Resolution 17-211, *FY 2012 Work Program for Office of Legislative Oversight*, adopted July 19, 2011.

### **B. Purpose and Scope**

Autism is a complex developmental disability that causes problems with social interaction and communication, among other significant impacts.<sup>1</sup> The symptoms of autism generally fall under a continuum, known as autism spectrum disorders, that includes autistic disorder, Asperger's syndrome, and pervasive developmental disorder. Symptoms usually start before age three and can cause delays or problems in many different skills that develop from infancy to adulthood.

Federal law<sup>2</sup> requires that every public school system provide a "free, appropriate public education" to all students with disabilities, including students with autism. Over the past decade, Montgomery County Public School's enrollment of students on the autism spectrum has increased more than ten-fold from 128 to 1,642 students as of the October 29, 2010 census. Currently, students on the autism spectrum account for 9% of MCPS' special education enrollment.

The Council assigned OLO this project to better understand the MCPS and Montgomery County Government Department of Health and Human Services' (DHHS) programs for students on the autism spectrum. This report describes best practices for serving children on the autism spectrum, the policy mandates and administrative structures that shape services, Montgomery County's special education programs and costs, and the perspectives of staff and parents about what works well and what opportunities exist for improving local services for students on the autism spectrum. A glossary of key terms used in this report begins on page 4.

### **C. Organization of Report**

**Chapter II, Background on Autism Spectrum Disorders (ASD)**, defines the autism spectrum, identifies the learning deficits typically associated with children on the autism spectrum, and describes the different types of disorders that the spectrum includes (e.g., autistic disorder, Asperger's syndrome).

**Chapter III, Best Practices for Serving Children on the Autism Spectrum**, summarizes research-based practices for serving students with an autism spectrum disorder recognized by federally-funded research organizations.

**Chapter IV, Policy Mandates and Administration of Services for Children with ASD**, describes the relevant federal, state and local policy mandates; and MCPS' and DHHS' administrative structures for delivering services to students on the autism spectrum.

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<sup>1</sup> National Institutes of Health (<http://www.nichd.nih.gov/health/topics/asd.cfm>)

<sup>2</sup> The Individuals with Disabilities Education Act

**Chapter V, Autism Disorder Diagnoses, Enrollment, and Comparative Trends** describes how MCPS and DHHS diagnose and determine eligibility for early intervening services and special education and reports changes in autism enrollment at MCPS relative to other student enrollment changes.

**Chapter VI, MCPS Programs for Students on the Autism Spectrum**, describes MCPS and DHHS programs serving students on the autism spectrum by grade span, enrollment, and per student costs; and identifies the related services students on the autism spectrum receive depending on their Individualized Education Plan (IEP).

**Chapter VII, MCPS Strategic Planning Impacting Autism Services and Programs**, describes MCPS' strategic planning efforts for improving its special education services and their alignment with the Baldrige framework for performance management and continuous improvement.

**Chapter VIII, Performance Outcomes and Perspectives on Services for Students on the Autism Spectrum**, describes performance outcomes on programs monitored by MCPS and DHHS for students on the autism spectrum and reports staff and parents' perspectives on what works and opportunities for improving services for students on the spectrum.

**Chapters IX and X** present the Office of Legislative Oversight's **Findings and Recommended Discussion Issues**.

**Chapter XI, Agency Comments**, contains Montgomery County Public School's and Montgomery County Government's comments on the final draft of this report.

## **D. Methodology**

Office of Legislative Oversight (OLO) staff members Elaine Bonner-Tompkins, Kristen Latham, and Sue Richards conducted this study, with assistance from Jennifer Renkema, Craig Howard, and Teri Busch. OLO gathered information through document reviews, data analysis, and interviews with staff from the Montgomery County Public Schools (MCPS) and Montgomery County Government's Department of Health and Human Services (DHHS). OLO also conducted focus groups with members of the PTSA, Special Education Advisory Committee, and Partnership for Extraordinary Minds to elicit the perspectives of parents with children on the autism spectrum.

OLO also gathered, reviewed, and synthesized information from a variety of published reports on best practices for serving students on the autism spectrum. These include:

1. The National Academy of Sciences' Educating Children with Autism (2001);
2. Maryland State Department of Education's Autism Task Force Report: Service Delivery Recommendations for Young Children with Autism (2004); and
3. The National Autism Center's Findings and Conclusions: Addressing the Need for Evidence-Based Practice Guidelines for Autism Spectrum Disorders (2009).

## **E. Acknowledgements**

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**Table 1: Glossary of Key Terms for OLO Report 2012-3**

<b>Term</b>	<b>Definition</b>
504 plans	Refers to plan of services and accommodations for students eligible for services under the federal Rehabilitation Act to address impairments that limit one or more major life activities.
Autism spectrum disorders (ASD)	Refers to the continuum of complex development disabilities that cause problems with social interaction, communication, and other skills.
Asperger's syndrome	One of three primary disorders on the autism spectrum associated with social challenges and unusual behaviors, but not language or intellectual disabilities.
Autism Programs	Refers to the following special education programs administered by MCPS' Autism Unit: Collaborative Autism Program, Autism Classes, Asperger's Services, and Autism Resource Services.
Autism Waiver Program	Refers to Medicaid-funded wrap-around home and community-based services for children to age 21 severely impacted by ASD as an alternative to residential placement.
Autistic disorder	One of three primary disorders on the autism spectrum associated with significant language delays, social and communication challenges, unusual behaviors and interests, and moderate to severe intellectual disabilities.
Child Find	Refers to public awareness activities, screening and evaluation designed to <i>locate, identify, and refer as early as possible</i> all young children with disabilities and their families who are in need of Early Intervention Program or Preschool Special Education services of the federal Individuals with Disabilities Education Act (IDEA).
Early Intervening Services	Refers to special education and related services provided to eligible infants, toddlers, and preschool students in "natural environments" that can include the home, public libraries, and play group meetings.
Emotional Disabilities Programs	Refers to two special education programs administered by MCPS' Emotional Disabilities Unit: the Bridge Program for secondary students and Emotional Disabilities Cluster Services for students in Grades K-12.
Fundamental Life Skills Programs	Refers to the following programs and special schools that utilize the Fundamental Life Skills curriculum for students with intellectual disabilities: Learning for Independence; School/Community Based programs; Extensions; Longview, Stephen Knolls, and Carl Sandburg Learning Centers; and Rock Terrace School.
High School Assessment (HSA)	Refers to end of course exams required for all diploma-bound secondary students in Algebra, English Language Arts, Government, and Biology. Modified versions of these exams (Mod-HSA) are also offered to students with disabilities if indicated on their IEP.
Home School Programs	Refers to three MCPS special education programs designed to serve students with disabilities in their home schools and to support inclusion: Resource Room services, Home School Model services, and Hours Based staffing.
Inclusion	Refers to educating students with disabilities in educational placements with non-disabled peers.

**Table 1: Glossary of Key Terms for OLO Report 2012-3, Continued**

<b>Term</b>	<b>Definition</b>
Individualized Education Plan (IEP)	Refers to plan required under IDEA for students enrolled in special education between the ages of 3-21; serves as a both a written statement and a legal document of the educational program designed to meet a student's individual needs.
Individualized Family Support Plan (IFSP)	Refers to plan required under IDEA for children receiving early intervening services between the ages of 0-3; serves as a written statement to address the special needs of children with developmental delays and to support their families.
Individuals with Disabilities Education Act (IDEA)	Federal law that requires that local school systems provide a "free, appropriate public education" for students with disabilities from birth to age 21. IDEA Part B requires school systems to identify, assess, and provide educational programs to children with disabilities, ages 3-21. IDEA Part C further mandates that state educational agencies or their designees, identify and provide services to families who have children with developmental delays, ages 0-3.
Least Restrictive Environment (LRE)	Refers to IDEA requirement that students with disabilities receive access to services in the general educational environment to the maximum extent appropriate. IDEA requires students be educated in separate classes or schools only when their educational goals cannot be achieved in the traditional classroom.
Learning Centers	Refers to MCPS programs at the elementary level program and services being phased out at the high school level that provide comprehensive special education and related services through a team-based approach.
Learning Disabilities Programs	Refers to two MCPS special education programs: Learning and Academic Disabilities (LAD) services and the Gifted and Talented/Learning Disabilities program.
Maryland State Assessment (MSA)	Refers to state assessments administered in Grades 3-8 for math and reading, and Grades 5 and 8 in science. Modified versions of these assessments (Mod-MSA) are administered to students with disabilities if indicated on their IEP.
No Child Left Behind Act (NCLB)	Federal law reauthorizing the Elementary and Secondary Education Act that provides formula funding to state education agencies and requires annual testing, academic progress by 2014, annual report cards, and teacher qualification requirements.
Non-public Placements	Refers to private school placements for students with disabilities made by MCPS to meet their educational needs as required under State of Maryland regulations. These private school costs are jointly paid by the County and the State.
Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)	One of three primary disorders on the autism spectrum that refers to children who meet some, but not all, measures for autistic disorder or Asperger's syndrome. Symptoms are fewer and less severe than autistic disorder and typically only cause social and communications challenges.
Preschool Special Education (PEP) Programs	Refers to all Preschool Education Programs (PEP) offered by MCPS, including PEP Classic, PEP Intensive Needs, PEP Comprehensive, and PEP Beginnings.
Related Services	Refers to services to help students meet their educational needs, including assistive technology, speech and language services, and occupational and physical therapy. Students with disabilities are eligible for these services under the IDEA.

## **Chapter II. Background on Autism Spectrum Disorders (ASD)**

This chapter provides a brief overview of autism spectrum disorders (ASD) based on information from four sources: the National Institute of Neurological Disorders and Stroke (NINDS), the National Institute of Mental Health (NIMH), the Center for Disease Control (CDC), and the Mayo Clinic.<sup>1</sup>

In short, the autism spectrum encompasses children who fall along a continuum based on the severity of their autism disorder and its co-morbidity with other disabilities, including emotional and intellectual disabilities. Children on the autism spectrum are a heterogeneous group, particularly with regard to intelligence. Notwithstanding their individual differences, children typically experience challenges related to the development of social, communication, and behavioral skills.

### **A. What is the Autism Spectrum?**

The Autism Spectrum refers to a range of complex developmental disabilities that can affect a child's social, communication, and behavioral skills. Most often appearing in the first two years of life, autism spectrum disorders (ASD) are neurological disorders that affect brain function. While children on the autism spectrum share some symptoms, such as difficulty with social interaction, most symptoms vary in nature, severity, and onset. There are three primary disorders:

- **Autistic Disorder** – Children with autistic disorder have significant language delays, social and communication challenges, and unusual behaviors and interests. Children with autistic disorder also typically evidence moderate to severe intellectual disabilities.
- **Asperger's Syndrome** – Children with Asperger's Syndrome usually have milder symptoms of autistic disorder including social challenges and unusual behaviors, but typically do not have language or intellectual disabilities.
- **Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS; also called "atypical autism")** – Children who meet some, but not all, measures for autistic disorder or Asperger's syndrome may be diagnosed with PDD-NOS. Symptoms are fewer and less severe than autistic disorder and typically only cause social and communication challenges.

Other rare and very severe disorders included in the autism spectrum are:

- **Rett Syndrome** – Primarily affecting females, Rett syndrome causes increasing difficulties with movement, coordination, and communication.
- **Childhood Disintegrative Disorder** – Occurs primarily in male children and typically occurs later than autism (age three or four) and involves a more dramatic loss of skills.

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<sup>1</sup> National Institute of Neurological Disorders and Stroke - [http://www.ninds.nih.gov/disorders/autism/detail\\_autism.htm](http://www.ninds.nih.gov/disorders/autism/detail_autism.htm)  
National Institute of Mental Health - <http://www.nimh.nih.gov/health/publications/autism/complete-index.shtml>  
Center for Disease Control - <http://www.cdc.gov/ncbddd/autism/facts.html>; and  
Mayo Clinic - <http://www.mayoclinic.com/health/autism/DS00348/DSECTION=symptoms>

## **B. Who is affected with Autistic Spectrum Disorders?**

Center for Disease Control estimates of children in the United States who have an ASD vary from one in 80 children to one in 240 children, with an average of one in 110 children.<sup>2</sup> There is no indication that ASD are more prevalent in any racial, ethnic, or socioeconomic group. However, data indicate that boys are three to four times more likely to develop an ASD than girls.<sup>3</sup>

## **C. What are the symptoms/signs of autistic spectrum disorders?**

Children diagnosed with an ASD generally show symptoms in three areas of development – social interaction, language, and behavior. The presence and severity of ASD symptoms varies significantly from child to child. Symptoms of ASD can appear in early infancy; however, they may not appear until 24 months or later. In some cases, children develop normally for the first few months or years of life but then symptoms appear suddenly.

Table 2 on the next page summarizes the common symptoms of autism by age group identified by the National Autism Center.<sup>3</sup> Of note, over time, some children become more interactive and demonstrate fewer behavioral issues, while some continue to have difficulty with these developmental skills throughout their life. As also noted on Table 2, children on the autism spectrum often exhibit ritualistic behaviors. Children with ASD also have an increased risk for certain co-occurring conditions.

## **D. What causes/risk factors are associated with autistic spectrum disorders?**

There is no known or single cause of ASD. Researchers, however, believe that both genetics and environmental factors may contribute to the disorder. Even though no two children with ASD are alike, studies have identified a number of genes and irregularities in the brains that may be associated with the disorder. Researchers have also linked a higher likelihood of an ASD to:

- Sex of child – Boys are three to four times more likely to develop autism than girls;
- Family history – Families with one autistic child are more likely to have another;
- Other disorders – Children with certain medical conditions (Fragile X syndrome, tuberous sclerosis, Tourette's syndrome, and epilepsy) have a higher risk of autism;
- Age of parents – Children with older parents have increased risk; and
- Drug use – The use of some drugs, particularly thalidomide and valproic acid, during pregnancy can increase the risk of autism in children.

Finally, researchers have determined that two commonly believed risk factors – poor parenting and vaccinations – do not increase a child's risk of autism.

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<sup>2</sup> Center for Disease Control - <http://www.cdc.gov/ncbddd/autism/facts.html>

<sup>3</sup> Ibid.

<sup>3</sup> See [http://www.nationalautismcenter.org/pdf/NAC%20Ed%20Manual\\_FINAL.pdf](http://www.nationalautismcenter.org/pdf/NAC%20Ed%20Manual_FINAL.pdf)

**Table 2: Symptoms of Autistic Spectrum Disorder from National Autism Center**

Infant/Toddler	Early School Years	Adolescence/ Early Adulthood
<b>Social Skills and Deficits</b>		
<ul style="list-style-type: none"> <li>• Resists cuddling and holding</li> <li>• May isolate from groups</li> <li>• May not imitate facial expressions</li> <li>• May not laugh in response to laughter</li> <li>• Shows unawareness of others' feelings</li> </ul>	<ul style="list-style-type: none"> <li>• May not engage in social games</li> <li>• May prefer younger children</li> <li>• May appear “bossy” when playing with other children</li> </ul>	<ul style="list-style-type: none"> <li>• Gaps in social skills become even more apparent</li> <li>• Dating challenges</li> <li>• Social challenges sometimes related to issues such as poor hygiene</li> </ul>
<b>Communication Skills and Deficits</b>		
<ul style="list-style-type: none"> <li>• May lack speech</li> <li>• Immediate or delayed echoing of other’s words</li> <li>• Use of scripted phrases</li> <li>• Fails to respond to his/her name</li> <li>• Unlikely to use gestures</li> <li>• Loses previous ability to speak</li> <li>• Speaks with an abnormal tone/ or rhythm</li> </ul>	<ul style="list-style-type: none"> <li>• May sound like “little professors” who are lecturing on a topic</li> <li>• Conversations are one-sided</li> <li>• May not see how their behavior hurts others</li> </ul>	<ul style="list-style-type: none"> <li>• Poor understanding of abstract concepts</li> <li>• Challenges in understanding jokes or slang</li> <li>• May mimic language from television or movies</li> </ul>
<b>Behavior Skills and Deficits</b>		
<ul style="list-style-type: none"> <li>• Repetitive motor movements like hand-flapping, finger flicking, rocking</li> <li>• May line up toys for visual examination</li> <li>• May categorize toys instead of play with them</li> <li>• Develops routines or rituals</li> <li>• Becomes upset at small change to routines or rituals</li> </ul>	<ul style="list-style-type: none"> <li>• Rule-bound</li> <li>• May create own rules to make sense of the world — then have a hard time managing when others violate these rules</li> </ul>	<ul style="list-style-type: none"> <li>• May engage in elaborate rituals to avoid motor tics</li> <li>• May obsess for hours about a brief encounter with a peer</li> </ul>
<b>Other Symptoms</b>		
<ul style="list-style-type: none"> <li>• Tantrums</li> <li>• Sensitivity to light or sound</li> <li>• Feeding challenges</li> <li>• Safety concerns and obliviousness to pain</li> </ul>	<ul style="list-style-type: none"> <li>• Academic concerns</li> <li>• Difficulties with concentration and irritability due to sleep or communication problems</li> <li>• May be disruptive during transitions</li> <li>• May be clumsy in sports activities</li> </ul>	<ul style="list-style-type: none"> <li>• Symptoms of depression or anxiety</li> <li>• Acting out</li> <li>• May not understand rules regarding sexual behavior</li> <li>• Increased risk for seizures</li> </ul>

Source: National Autism Center, Evidence Based Practice and Autism in Schools  
[http://www.nationalautismcenter.org/pdf/NAC%20Ed%20Manual\\_FINAL.pdf](http://www.nationalautismcenter.org/pdf/NAC%20Ed%20Manual_FINAL.pdf)



### **Chapter III. Best Practices for Serving Children on the Autism Spectrum**

Autistic spectrum disorders are treatable but not curable. No “one-size-fits-all” treatment works for every child, given the range of ASD symptoms; instead, effective treatment requires coordinating therapy and interventions to meet the individual needs of each child. While professionals and researchers concede that treatments that work for one child will not necessarily work for another, a general consensus exists about the best practices that should be employed to improve the outcomes of children on the autism spectrum. This chapter describes this consensus in two parts:

- **Part A, Evidence-Based Best Practices**, describes the findings of three federally-funded efforts aimed at identifying best practices for treating autism spectrum disorders; and
- **Part B, Essential Components for Implementing Best Practices**, describes the factors recognized by federally-funded efforts and Maryland-based expert panels as essential to supporting the implementation of evidence-based best practices.

Overall, the research and synthesis of existing research to identify evidence-based best practices for children on the autism spectrum is considerable, especially for young children up to age eight. Similarly, the recognition among expert panels of the implementation and policy factors that enable local and state school systems to adopt best practices is growing. Notwithstanding this progress, two limitations to the existing research should be noted:

- First, many research studies rely on single student observations rather than comparison groups to assess treatment impact and efficacy;
- Second, the evidence-based research is often limited to students or learners with ASD that are conducted in either clinic-based settings or one-to-one teaching sessions rather than in more natural settings (e.g., in classrooms, homes, and communities).

Although this chapter describes today’s best practices, research about effective treatments for ASD is a work in progress. This means both that the research is still growing, and that researchers will need to know even more to ensure that the application of best practices leads to improved outcomes among students on the spectrum.

Finally, although an evaluation of MCPS’ and DHHS’ services for children on the autism spectrum is outside the scope of this project, during its site visits and interviews OLO noted many references to research-based best practices. Specifically:

- OLO witnessed the use of research-based practices during site visits to five Montgomery County public schools, such as the use of applied behavioral analysis in the Comprehensive Autism Preschool Program (CAPP) at Rosemary Hills Elementary; and
- MCPS staff cited research-based practices during OLO interviews and site visits without prompting about whether the school system utilizes such practices (e.g., use of video modeling and Social Stories at Cabin John Middle School’s Asperger’s Program).

#### **A. Evidence-Based Best Practices**

Since 2001 there have been three seminal, federally-funded efforts aimed at improving practitioners’ and parents’ understanding of research-based practices for improving child outcomes on the autism spectrum.

1. The National Academy of Sciences' (NAS) Educating Children with Autism (2001) that focused on best practices for young learners on the autism spectrum through age eight;
2. The National Standards Project (NSP) at the National Autism Center (2009) that developed a set of evidence-based practice guidelines for serving young persons on the autism spectrum through the age of 21; and
3. The National Professional Development Center (NPDC) on Autism Spectrum Disorders (2011) that issued a set of evidenced-based practice briefs around the same time as the NSP and also compared their findings to this study.

Key findings on best practices for educating children on the autism spectrum from these three research reviews are summarized in below. Of note, none of the three federally-funded studies discussed the feasibility or cost-effectiveness of the best practices considered.

### **1. National Academy of Sciences (NAS)**

The first study, funded by the U.S. Department of Education's Office of Special Education Programs in 2001, identified best practices for serving young children with autism (age eight and under). This study included a review of best practices for the developmental issues typically associated with autism: behavior, communication, social development, cognitive development, sensory and motor development, and adaptive behavior. Broadly, they summarized that "there is evidence that interventions lead to improvements (but) there does not appear to be a clear, direct relationship between any particular intervention and children's progress."<sup>1</sup>

**Educational goal best practices.** The NAS recommended the following best practices for developing education goals to use in Individualized Family Support Plans (IFSP) and Individualized Education Plans (IEP) for children on the spectrum:

1. Educational objectives should be measurable, achievable within one year, and affect a child's education, community, and family life.
2. Educational objectives should develop a child's:
  - Social skills to enhance participation in family, school, and community activities;
  - Verbal and non-verbal communication skills;
  - Functional symbolic communication system;
  - Engagement and flexibility in developmentally appropriate tasks and play;
  - Fine and gross motor skills;
  - Cognitive skills, including symbolic play, basic concepts, and academic skills;
  - Replacement of problem behaviors with more appropriate behaviors; and
  - Independent organizational skills/behaviors that underlie success in regular education classrooms.
3. Progress on educational objectives should be documented and monitored frequently so that interventions can be adjusted as needed.

**Educational interventions/services best practices.** The NAS also recommended the following guidelines for improving academic and non-academic outcomes among young children on the autism spectrum:

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<sup>1</sup> National Research Council, 2001 - page 5

1. Educational services should begin as soon as a child is suspected of having an ASD;
2. Educational services should include a minimum of 25 hours a week, 12 months a year;
3. Individualized attention on a daily basis should include individual therapies, small group instruction, and direct one-to-one contact with teaching staff;
4. If aligned with specified educational goals, specialized instruction should take place in settings where ongoing interactions occur with typically developing children (i.e., in the least restrictive environment);
5. Priority should be given to the following six kinds of interventions:
  - Teaching techniques to develop functional, spontaneous communication;
  - Social skills instruction that is delivered throughout the day in various settings to meet age-appropriate, individualized social goals;
  - Play skills instruction to enhance play with peers and the appropriate use of toys and other materials;
  - Instruction for cognitive development with generalization and maintenance in natural contexts as important as the acquisition of new skills;
  - Strategies that address problem behaviors by using functional assessments to understand when these behaviors occur and positive, proactive approaches to improve behaviors; and
  - Teaching functional academic skills when appropriate to the skills and needs of a child.

## **2. National Standards Project (NSP)**

The federal Office of Special Education Programs (OSEP) in the U.S. Department of Education also funded the National Standards Project, housed at the National Autism Center. The goal of the National Standards Project was to apply the use of evidence-based practices – which have become “the standard in the fields of medicine, psychology, education, and allied health” – to the field of autism so “that decision makers should know how much research supports a treatment.”

The National Standard Project reviewed the educational and behavioral treatment literature published between 1957 and the fall of 2007 that targets the core characteristics and associated symptoms of ASD, and then sorted the treatments identified in these studies into four classifications, based on the strength of the research evidence:

- **Established** – Sufficient evidence is available to confidently determine that a treatment produces favorable outcomes for individuals on the autism spectrum.
- **Emerging** – Although one or more studies suggests that a treatment produces favorable outcomes for individuals with ASD, additional high quality studies must consistently show this outcome before we can draw firm conclusions about treatment effectiveness.
- **Unestablished** – There is little or no evidence to allow us to draw firm conclusions about treatment effectiveness with individuals with ASD.
- **Ineffective/Harmful** – Sufficient evidence is available to determine that a treatment is ineffective or harmful for individuals on the autism spectrum.

Table 3 on the next two pages describes the 11 Treatments that the National Standards Project classified as “Established.”

**Table 3: Established Treatments Identified by National Standards Project**

Treatment Category	Description	Examples/Key Features
Antecedent Package (99 Studies)	These interventions involve the modification of situational events that typically precede the occurrence of a target behavior.	<ul style="list-style-type: none"> <li>• Errorless learning</li> <li>• Errorless compliance</li> <li>• Habit reversal</li> <li>• Priming<sup>2</sup></li> <li>• Stimulus variation</li> <li>• Time delay</li> </ul>
Behavioral Package (231 studies)	These interventions are designed to reduce problem behavior and teach functional alternative behaviors or skills through the application of basic principles of behavior change.	<ul style="list-style-type: none"> <li>• Behavioral toilet training</li> <li>• Discrete trial teaching</li> <li>• Functional communication training</li> <li>• Generalization training</li> <li>• Mand training<sup>3</sup></li> <li>• Task analysis</li> <li>• Token economy</li> </ul>
Comprehensive Behavioral Treatment for Young Children (22 studies)	Comprehensive treatment programs involve a combination of applied behavior analytic procedures (e.g., discrete trial, incidental teaching, etc.) which are delivered to young children.	<ul style="list-style-type: none"> <li>• These treatments may be delivered in a variety of settings (e.g., home, self contained/inclusive classroom) and involve a low student-to-teacher ratio (e.g., 1:1)</li> </ul>
Joint Attention Intervention (6 studies)	Joint attention often involves teaching a child to respond to the nonverbal social bids of others or to initiate joint attention interactions.	<ul style="list-style-type: none"> <li>• Pointing to objects</li> <li>• Showing items/activities to another person</li> <li>• Following eye gaze</li> </ul>
Modeling (50 studies)	These interventions rely on an adult or peer providing a demonstration of the target behavior that should result in an imitation of the target behavior by the individual with ASD.	<ul style="list-style-type: none"> <li>• Live modeling</li> <li>• Video modeling</li> </ul>
Naturalistic Teaching Strategies (32 studies)	These interventions use child-directed interactions to teach functional skills. These interventions often involve providing a stimulating environment, modeling how to play, encouraging conversation, providing choices and direct/natural reinforcers, and rewarding reasonable attempts.	<ul style="list-style-type: none"> <li>• Focused stimulation</li> <li>• Incidental teaching</li> <li>• Milieu teaching<sup>4</sup></li> <li>• Embedded teaching</li> </ul>
Peer Training Package (33 studies)	These interventions involve teaching children without disabilities strategies for facilitating play and social interactions with children on the autism spectrum.	<ul style="list-style-type: none"> <li>• Peer networks</li> <li>• Circle of friends</li> <li>• Buddy skills package</li> <li>• Integrated Play Groups™</li> </ul>

<sup>2</sup> **Priming** is the implicit memory effect in which exposure to a stimulus influences response to a later stimulus. It happens, for example, that if a person reads a list of words including the word *table*, and is later asked to complete a word starting with *tab*, the probability that they will answer *table* is greater than if not so primed.

<sup>3</sup> **Mand training** refers to teaching a child to make a request.

<sup>4</sup> **Milieu teaching** refers to teaching children how to respond during natural communication exchanges.

**Table 3: Established Treatments Identified by National Standards Project, Continued**

Treatment Category	Description	Examples/Key Features
Pivotal Response Treatment/Training (PRT) (14 studies)	PRT builds on learner initiative and interests and was developed to create a more efficient and effective intervention for enhancing four pivotal learning variables: motivation, responding to multiple cues, self-management, and self-initiations. These skills are considered pivotal because they are the foundational skills upon which learners with ASD can make widespread and generalized improvements in many other areas.	Key aspects of PRT delivery also focus on parent involvement in the intervention delivery and on intervention in the natural environment such as homes and schools with the goal of producing naturalized behavioral improvements. This treatment is an expansion of Natural Language Paradigm which is also included in this category.
Schedules (12 studies)	These interventions involve the presentation of a task list that communicates a series of activities or steps required to complete a specific activity. Schedules are often supplemented by other interventions such as reinforcement.	Schedules can take several forms including: <ul style="list-style-type: none"> <li>• Written words,</li> <li>• Pictures or photographs, or</li> <li>• Work stations</li> </ul>
Self-management (21 studies)	These interventions involve promoting independence by teaching individuals with ASD to regulate their behavior by recording the occurrence/non-occurrence of the target behavior, and securing reinforcement for doing so.	<ul style="list-style-type: none"> <li>• Checklists (using checks, smiley/frowning faces)</li> <li>• Wrist counters</li> <li>• Visual prompts</li> <li>• Tokens</li> </ul>
Story-based Intervention Package (21 studies)	Treatments that involve a written description of the situations under which specific behaviors are expected to occur. Stories may be supplemented with additional components (e.g., prompting).	Social Stories™ are the most well-known story-based interventions and they seek to answer the “who,” “what,” “when,” “where,” and “why” in order to improve perspective-taking.

Source: National Standards Project, Names and Definitions of Emerging and Unestablished Treatments

Another 22 interventions were identified by the NSP as “Emerging Treatments.” These interventions may produce favorable outcomes, based on initial studies conducted to date; but, additional studies demonstrating effectiveness are warranted before the NSP can classify these interventions as effective. The 22 interventions and number of studies reviewed are listed below.

- Augmentative and Alternative Communication Devices (14 studies)
- Cognitive Behavioral Intervention Package (3 studies)
- Developmental Relationship-Based Treatment (7 studies)
- Exercise (4 studies)
- Exposure Package (4 studies)
- Imitation-Based Interaction (6 studies)
- Initiation Training (7 studies)
- Language Training: Production (13 studies)
- Language Training: Production & Understanding (7 studies)
- Massage/Touch Therapy (2 studies)

- Multi-Component Package (10 studies)
- Music Therapy (6 studies)
- Peer-Mediated Instructional Arrangement (11 studies)
- Picture Exchange Communication System (13 studies)
- Reductive Package (33 studies)
- Scripting (6 studies)
- Sign Instruction (11 studies)
- Social Communication Intervention (5 studies)
- Social Skills Package (16 studies)
- Structured Teaching (4 studies)
- Technology-Based Treatment (19 studies)

The NSP identified five “Unestablished Treatments” where the research studies to date offered little or no evidence that allowed the NSP to draw firm conclusions about the effectiveness of these treatments for individuals with ASD. The five unestablished treatments were:

- Academic Interventions that involve the use of traditional teaching methods
- Auditory Integration
- Facilitated Communication
- Gluten- and Casein-Free Diets
- Sensory Integrative Package

Lastly, the NSP established a separate category for “Ineffective or Harmful Treatments,” but found that none of the treatments identified in the research literature fell into this classification.

### **3. The National Professional Development Center (NPDC)**

The National Professional Development Center – a collaborative between the Universities of North Carolina (Chapel Hill), Wisconsin (Madison), and California (Davis) – also received funding from the federal Office of Special Education Programs to promote the use of evidence-based practices in programs for infants, children, and youth with ASD and their families. Towards this end, the NPDC commissioned a review of best practices for serving students on the autism spectrum. While the National Standards Project focused on identifying packages of effective treatments, NPDC’s review focused on effective practices that could be included in a child’s IFSP or IEP.

Given the similarities of these two studies, considerable overlap exists among their findings. (See Appendix B for matrix describing overlap.) However, several practices classified as “emerging treatments” by NSP were categorized as “effective practices” by the NPDC. The list of NPDC’s effective practices (with the corresponding NSP emerging treatment) includes:

- **Parental implemented interventions** (analogous to NSP Structured Teaching Category) refer to parents directly using individualized intervention practices with their child to increase positive learning opportunities and acquisition of important skills.
- **Social skills training groups** (analogous to NSP Social Skills Package) that are used to teach individuals with ASD ways to appropriately interact with typically developing peers. Social skills groups typically involve small groups of two to eight learners with disabilities and a teacher or adult facilitator. Most social skills group meetings include instruction, role-playing or practice, and feedback to help learners with ASD acquire and practice skills to promote positive social interactions with peers.

- **Speech generating devices** (analogous to NSP Augmentative and Alternate Communication Devices) that can produce either synthetic or digital speech for the user; a device may also be used with graphic symbols and alphabet keys. A device can be used with children with limited or no verbal speech to support communication and to enhance reading and math skills.
- **Computer aided instruction** (analogous to NSP Technology Based Treatments) that includes the use of computers, including computer modeling and computer tutors to teach academic skills and promote communication and language development.
- **Picture exchange communication systems (PECS)** (analogous to NSP Picture Exchange Communication System) that are designed to teach young children to communicate in a social context. Using PECS, learners are taught to give a picture of a desired item to a communicative partner in exchange for an item.

## **B. Essential Components for Implementing Best Practices**

Federally-funded researchers and other experts have recognized the need for a systemic structure to broadly implement research-based best practices for serving children on the spectrum. As noted by National Standards Project:

“Knowing which treatments have sufficient evidence of effectiveness is likely to — and should — influence treatment selection. Evidence-based practice, however, is more complicated than simply knowing which treatments are effective. Although we argue that knowing which treatments have evidence of effectiveness is essential, other critical factors must also be taken into consideration.”

This section summarizes the essential components for implementing best practices recognized by three sources: the National Research Council, the National Standards Project, and the Maryland Autism Task Force. It also offers a brief description of the Maryland Commission on Autism.

### **1. National Research Council**

As part of its review of best practices for serving young children with autism, the NRC recommends that “parents’ concerns and perspectives should actively help to shape educational planning.” Toward this end, the NRC recommends that local school systems work with parents of young children with autism to enable parents to:

- **Serve as full participants in Individualized Education Plan (IEP) meetings** by providing them with (a) written information concerning the nature of autism spectrum disorders, eligibility categories, and their child’s rights; (b) the range of alternatives within best practices in early education of autism spectrum disorders, sources of funding, and support (e.g., a support guide and bibliography); (c) written results of their child’s assessment and a contact person to explain the findings if they wish; and (d) an early opportunity during the IEP meeting for them to voice their questions, concerns, and perspectives about their child’s development and educational programming.
- **Learn techniques for teaching their child new skills and reducing problem behaviors.** These should include didactic sessions and ongoing consultation in which individualized problem-solving, including in-home observations or training, occur for a family, as needed, to support improvements at home as well as at school.

- **Receive referrals for mental health supports.** Families that are experiencing stress in raising their children with an autism spectrum disorder should be provided with mental health support services. Under Part C of the Individuals with Disabilities Education Act which addresses family support and service coordination, services should be extended to include families of children at least up to age eight.

## **2. National Standards Project**

In addition to reviewing evidence of treatment effectiveness, the National Standards Project identified three other factors that should be considered to implement research-based best practices for children on the autism spectrum.

**Professional Judgment.** The judgment of the professionals with expertise on ASD must be taken into consideration. According to NSP, once treatments are selected, these professionals have the responsibility to collect data to determine if a treatment is effective. Professional judgment may play a particularly important role in decision-making when:

- A treatment that has been correctly implemented in the past was not effective or had harmful side effects. Even “established treatments” are not expected to produce favorable outcomes for all individuals with ASD.
- The treatment is contraindicated based on other information (e.g., the use of extra-stimulus prompts for a child with a prompt dependency history).
- A great deal of research support might be available beyond the ASD literature and should be considered when required.
- The professional may be aware of well-controlled studies that support the effectiveness of a treatment that was not available when the NSP terminated its literature search in 2007.

**Values and Preferences.** Like the NRC, the NSP advocated that the values and preferences of parents, care providers, and the individual with ASD should be considered. Stakeholder values and preferences may play a particularly important role in decision-making when:

- A treatment has been correctly implemented in the past and was not effective or had harmful side effects.
- A treatment is contrary to the values of family members.
- The individual with ASD indicates that he or she does not want a specific treatment.

**Capacity for Implementation.** NSP argues that treatment providers should be well positioned to correctly implement the intervention. Developing capacity and sustainability may take a great deal of time and effort, but all people involved in treatment should have proper training, adequate resources, and ongoing feedback about treatment fidelity. Capacity may play a particularly important role in decision making when:

- A service delivery system has never implemented the intervention before.
- A professional is considered the “local expert” for a given treatment but he or she actually has limited formal training in the technique.
- A service delivery system has implemented a system for years without a process in place to ensure the treatment is still being implemented correctly.



### 3. Maryland Autism Task Force and Commission on Autism

**Maryland Autism Task Force.** In 1998, the Maryland State Department of Education created the Maryland Autism Task Force focusing on the needs of young children with autism. While this panel of service providers, parents, medical experts, and school-based staff could not agree on a list of services that all young children with autism should receive, their final report, published in 2004, concurred that for any program and service to be designated as a “best practice,” it must include the components listed in Table 4 below.

**Table 4: Maryland Autism Task Force Components of Best Practice**

Components	Purpose/Description
Evaluations	To consider educational, developmental, and medical issues
Continuum of Services	Based on the needs of each child/family
Ongoing Support to Families	Including: daily/weekly communication with early intervening/preschool staff; parent training and assistance in developing home programs; referrals for parent support groups and family support groups; and an increased focus on the Individualized Family Service Plan/Individualized Education Plan process and document
Professional Development and Support	Including a statewide plan for the provision of training opportunities for professional and paraprofessional providers
Direct Intervention for Young Children with Autism	That includes a minimum 10-20 hours per week of direct intervention services for children between the ages of 0-3 and a minimum 15-30 hours per week for children between the ages of 3-5
Interdisciplinary Involvement	To support a comprehensive intervention program that meets the needs of young children with autism in multiple areas (e.g., developmental pediatrics, special education, speech language pathology, occupational therapy)
Curriculum and Instruction	To inform the design of an educational program that is personalized for both content and methodology for the young learner with ASD based on assessed information, clinical observations, and parental input
Functional Approach to Challenging Behaviors	To determine the function of inappropriate behavior and prevent problem behaviors through positive behavior supports (e.g., modifying antecedent)
Assistive Technology	To enable learners with ASD to communicate, self-organize, monitor their behavior, and more
Transition Supports	To prepare the child and family for transitions to new programs that include developing a transition action plan, recommending necessary evaluations and assessments, and visiting the future environment when appropriate.

**Maryland Commission on Autism.** In 2009, the State of Maryland commissioned another task force on autism – the Maryland Commission on Autism – to develop a statewide framework for delivering best practices for older children and young adults on the spectrum as they transition into the adult system. Specific functions of this commission include:

- Advising and making recommendations to the governor, General Assembly, and relevant State agencies (e.g. health care, education, and adult services) regarding matters concerning services for individuals with ASD;
- Developing a comprehensive statewide plan for an integrated system of training, treatment, and services for individuals of all ages with ASD; and
- Evaluating ways to promote Autism Spectrum Disorders Awareness.<sup>5</sup>

The Maryland Department of Health and Mental Hygiene serves as the lead agency for this current task force. To date, it has held six meetings across the state to solicit public input and educate its cross-stakeholder membership. The Commission also recently released a preliminary report describing five cross-cutting themes that shape the current delivery of services to young persons and families impacted by ASD: access, quality, communication, training, and funding.

Over the next year, the Autism Commission plans to develop its vision and a comprehensive plan for a system of services and supports for persons with ASD across their lifespan. The initial elements of this integrated system identified by the Commission include diagnosis and referral, intervention, supports, communities of care, and research and evaluation. The Commission notes that these elements are interconnected and would enable an individual to ASD to “live full and meaningful lives.” The Commission is scheduled to issue its final report by September 30, 2012.

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<sup>5</sup> Maryland Commission on Autism: Interim Report ([http://dhmh.maryland.gov/autism/pdf/2011/Autism\\_Report.pdf](http://dhmh.maryland.gov/autism/pdf/2011/Autism_Report.pdf))

## **Chapter IV. Policy Mandates and Administration of Services for Children on the Autism Spectrum**

The delivery of services for children on the autism spectrum in Montgomery County reflects both federal, state, and local policies and the administrative practices of local government agencies. This chapter is organized as follows:

- **Part A, Policy Mandates**, describes the major policy mandates that shape the delivery of services for children on the autism spectrum in Montgomery County; and
- **Part B, Administration of ASD Programs and Services**, describes how Montgomery County Government's Department of Health and Human Services (DHHS) and Montgomery County Public Schools (MCPS) administer services for children on the autism spectrum.

Two key findings emerge from this review. First, although the children who MCPS identifies as on the autism spectrum, like all students with disabilities, are entitled to receive a "free, appropriate public education under federal and state laws," this entitlement confers only a mandated process rather than specific services or placements for children on the spectrum.

Second, DHHS and MCPS use different service delivery structures. Specifically, DHHS' decentralized administrative structure often relies on contractors to deliver early intervening services for young children and to provide services for participants in the Autism Waiver Program. Of note, MCPS serves DHHS' main provider for delivery services under the Infants and Toddlers Program. In contrast, MCPS' more centralized structure usually relies on school staff to deliver services.<sup>1</sup>

### **A. Policy Mandates**

Policy mandates for delivering educational services to students with autism exist in federal law, state regulations, and a local Board of Education policy. Most policies are in the federal Individuals with Disabilities Education Act (IDEA). The Code of Maryland Regulations (COMAR) implements IDEA at the state level and adds some additional provisions. The federal Rehabilitation Act of 1973 requires that schools offer accommodations and services to students with disabilities qualifying for 504 plans.<sup>2</sup> In addition, both provisions of the federal No Child Left Behind Act and MCPS' Board of Education policies impact special education policy. The key features of these five policy mandates follow.

#### **1. Individuals with Disabilities Education Act (IDEA)**

IDEA Part B requires local school systems to identify, assess, and provide educational programs to children with disabilities, ages three through 21. IDEA Part C further mandates that state educational agencies or their designees, identify and provide services to families who have children with developmental delays, ages zero to three.<sup>3</sup> A summary of the key provisions of IDEA follows.

**Free, Appropriate Public Education (FAPE).** IDEA requires that MCPS provide a "free, appropriate public education" for students with disabilities from birth to age 21. In addition to education, MCPS must provide related services<sup>4</sup> that ensure access to the general education curriculum.

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<sup>1</sup> An exception is the Autism Waiver Program where MCPS subcontracts case management services to DHHS.

<sup>2</sup> Plan of services and accommodations that address impairments that limit one or more major life activities

<sup>3</sup> As noted on page 26, Maryland also extends the IDEA Part C Individualized Family Support Plan (IFSP) as an option through the age of kindergarten eligibility for families that receive early intervening services before age three.

<sup>4</sup> Related services may include speech, occupational, and physical therapies; school health services; transportation; assistive technology; mobile training; and psychological services.

Further, MCPS must ensure that all students with disabilities in the district are located, identified, evaluated, and provided services. This requirement extends to students attending private schools and mobile, migrant, and homeless students.

Of note, this entitlement to a FAPE does not extend into the post-school years (after age 21) for students with disabilities. Access to government-funded adult resources is dependent on budgets and availability of services rather than an individual's right to services in Maryland.

**Least Restrictive Environment (LRE).** IDEA requires students with disabilities to receive access to services in the general education environment to the maximum extent appropriate. The law requires that students be educated in separate classes or schools only when their educational goals can not be achieved in the traditional classroom. IDEA also mandates that a student with disabilities be educated in the school that he or she would attend if not disabled (i.e., home school), unless the Individual Education Plan (IEP) requires another placement.

**Early Intervening Services.** IDEA requires states to provide early intervening services to children from birth to age three who are developmentally delayed or have disabilities. In Montgomery County, DHHS is the lead agency for these programs, working collaboratively with MCPS and private agencies to deliver services. When a child is identified for services, a multidisciplinary team and the child's parents/guardians develop an Individualized Family Service Plan (IFSP) that articulates outcomes, services, and supports. The team must meet at least every six months to review the plan.

Children who need continued services at age three can transition into an IEP or continue with an extended IFSP until the age of kindergarten eligibility. The extended IFSP option is unique to Maryland and not required under IDEA. This option allows parents/guardians to continue receiving services in a natural environment (i.e., home or community-based) and to continue receiving service coordination services. For 2009-10 and 2010-11 school years, the State of Maryland used federal stimulus dollars to pilot this approach among families interested in continuing with the IFSP through kindergarten.

**Individual Education Plan (IEP).** IDEA requires that students with disabilities who are enrolled in special education between the ages of three and 21 have an IEP. A multidisciplinary team of educators, related service providers, and administrators develops a child's IEP in consultation with the student's parents or guardians. An IEP serves as both a written statement and a legal document of the educational program designed to meet a student's individual needs. It typically includes:

- An overview of a child's present levels of academic achievement and functional performance;
- Measurable academic and functional goals and how a child's progress will be measured;
- A summary of benchmarks or short-term objectives;
- A statement of the special education and related services and supplementary aids and services to be provided to a child, plus the program modifications or supports for school personnel that will be provided to a child;
- An explanation of when a child will not participate with non-disabled children in regular education environments;
- A summary of state or district assessment accommodations that are necessary or why alternative assessments are appropriate; and
- Projected frequency, location, and duration of services and modifications provided.

The IEP is designed to meet an eligible child's needs for any disabilities that MCPS identifies, not solely the primary disability eligibility category. The IEP team must meet at least annually to review the IEP and the student's progress. IDEA also requires the inclusion of post-secondary plans in IEPs for secondary students.<sup>5</sup>

**Procedural Safeguards.** IDEA requires that MCPS have in place procedural safeguards to ensure that parents of students with disabilities:

- Receive notice of extended school year services, graduation requirements, legal services, opportunity to examine records, and confidentiality;
- Receive prior written notice before a school proposes to or refuses to change services for a student with a disability;
- Provide consent for assessment and provision of special education services;
- Have the right to an independent educational evaluation; and
- Have the right to file a complaint with the State Department of Education.

## **2. Code of Maryland Regulations**

The Code of Maryland Regulations (COMAR) codifies IDEA into state law and also establishes three major state requirements besides the federal mandates in IDEA.

**Special Education Staffing Plan.** COMAR requires every Maryland school system to develop a staffing plan "to ensure that personnel and other resources are available to provide [a free, appropriate public education] to each student with a disability in the least restrictive environment as determined by an IEP team." This plan must include:

- Public input;
- Evidence of maintenance of effort;
- Number and type of staff required to provide a free, appropriate public education in the least restrictive environment;
- Staffing patterns of service providers of special education services and related services;
- Consideration of time requirements beyond direct services;
- Local accountability and monitoring;
- Evaluation of staffing plan for effectiveness;
- Strategies to resolve concerns about the staffing plan; and
- Information on how MCPS will use the staffing plan to monitor assignment of staff, personnel, and resources.<sup>6</sup>

**Nonpublic Placements.** COMAR requires that each local school system consider the placement of a student with a disability in a nonpublic program when:<sup>7</sup>

- The local school system cannot implement the student's IEP; and
- The nonpublic school program to which the student has been referred has been (a) approved by MSDE; (b) can implement the IEP; and (c) is the least restrictive environment.

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<sup>5</sup> IDEA requires the post-secondary plan by age 16; COMAR requires it by age 14.

<sup>6</sup> FY2010 MCPS Special Education Staffing Plan, p. 2

<sup>7</sup> COMAR 13A.05.02.14 Nonpublic Placements by Local School Systems

COMAR also details the process for local school systems to request state contributions for funding nonpublic placements for in-state day and residential placements, and for out-of-state placements. State contributions for out-of-state placements require the approval of the “local coordinating council” which, in Montgomery County, is the Collaboration Council.

**Autism Waiver Program.** COMAR also requires MCPS to coordinate services provided by the state’s Home and Community-Based Services Waiver for Children with Autism Spectrum Disorders. The Autism Waiver Program targets services to children on the spectrum who would otherwise need to be placed in an intermediate care facility but can be safely maintained in the community with wrap-around services. These services include: respite care, environmental accessibility adaptations, family training, supported employment, residential habilitation, case management, therapeutic integration, and adult life planning.<sup>8</sup> MCPS works collaboratively with DHHS to provide case management services for participants in the Autism Waiver Program.

### **3. Section 504 of the Rehabilitation Act**

Section 504 of the federal Rehabilitation Act of 1973 requires school systems to provide accommodations and services to any student qualifying for such services. A student is eligible for 504 services if he/she has an impairment that substantially limits one or more major life activities. Major life activities include: care for one’s self, walking, reading, learning, communicating, eating, sleeping, and operating major bodily functions.

Section 504 mandates that MCPS develop a plan of services and accommodations for each student eligible for 504 services. The 504 plan specifies the nature of the impairment, the major life activities affected by the impairment, accommodations necessary to meet the student’s needs, and the person(s) responsible for implementing the accommodations. Although parent participation in developing the 504 plan is not required, it is encouraged.

### **4. No Child Left Behind Act**

The Elementary and Secondary Education Act (also known as the No Child Left Behind Act or NCLB) affects the delivery of services for children on the autism spectrum since the annual assessments that are required at most grade levels must include children on the autism spectrum, and the school must include their scores in school and district level measures of student progress.

**Student Assessment.** NCLB requires MCPS to assess academic performance for all students, including those with disabilities, as follows:

- Annual assessments in mathematics and reading in Grades 3-8;
- At least one assessment in mathematics and another in English/language arts during the high school grade span; and
- A least one science assessment in each of the three grade spans – Grades 3-5, Grades 6-8, and Grades 10-12.<sup>9</sup>

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<sup>8</sup> COMAR 13A.05.01; IDEA; Autism Waiver Approval letter

<sup>9</sup> In Maryland, students are required to take the science assessment in grades 5, 8, and 10.

Further, IDEA requires that students with cognitive disabilities be provided an alternate assessment when they are unable to participate in the school-wide test even with special accommodations. The IEP team determines which test is appropriate for a student.<sup>10</sup>

**Teacher Qualifications.** NCLB requires special educators who are the “teacher of record” (i.e., the teacher who assigns a grade for a subject) to be certified as “highly qualified.” To be considered highly qualified, teachers must meet criteria determined by the state. For Maryland, MSDE requires that all teachers have at least a bachelor’s degree; hold a standard/advanced professional certificate; and earn passing test scores on PRAXIS examinations in core subjects they teach; or, at the secondary level, major or earn a graduate degree or an advanced certification in the core academic area they teach.<sup>11</sup>

**School Performance.** NCLB also requires schools to demonstrate adequate yearly progress (AYP) toward meeting goals for student academic achievement, attendance, and graduation rates for every student subgroup including students with disabilities.<sup>12</sup> To demonstrate AYP at the elementary and middle school levels, MCPS must achieve annual Maryland School Assessment (MSA) targets for every subgroup, MSA participation rates of 95% or higher, and school attendance rates of 94% or higher. To achieve AYP at the high school level, MCPS must achieve High School Assessment (HSA) targets for each subgroup, HSA participation rates of 95% or higher, and a graduation rate of at least 85.5%.<sup>13</sup>

Overall, NCLB requires that school systems make annual progress on AYP measures to achieve a 100% proficiency in all assessment areas for all subgroups by 2014. Schools that do not achieve AYP must undertake school improvement actions.<sup>14</sup> A school missing AYP for:

- One year, must engage in planning;
- Two consecutive years, must offer school choice for students if also a Title I school;
- Three consecutive years, must offer supplemental educational services (e.g., tutoring) if also a Title I school;
- Four consecutive years, would enter corrective action which may include replacing staff, implementing a new curriculum, extending the school day, or appointing an outside advisor; and
- Five consecutive years, would require restructuring by reopening as a charter school, replacing school staff, contracting with a private management company to run the school, or turning over operations to the state.

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<sup>10</sup> [http://www.marylandpublicschools.org/MSDE/testing/alt\\_msa/](http://www.marylandpublicschools.org/MSDE/testing/alt_msa/)

<sup>11</sup> See [http://www.marylandpublicschools.org/MSDE/programs/esea/teacher\\_quality\\_reg.htm](http://www.marylandpublicschools.org/MSDE/programs/esea/teacher_quality_reg.htm) for details, which also include the HOUSSE standards for veteran teachers (hired before 2002) who do not earn qualifying PRAXIS scores.

<sup>12</sup> Other subgroups are: 1) all students, 2) students with limited English proficiency; 3) students Receiving Free/Reduced-Price Meals; 4) Native American students; 5) Asian/Pacific Islander students; 6) African American students; 7) White, non-Hispanic students; and 8) Hispanic students.

<sup>13</sup> <http://mdk12.org/assessments/ayp/index.html>

<sup>14</sup> [http://www.montgomeryschoolsmd.org/departments/titleone/includes/si\\_requirement.shtml](http://www.montgomeryschoolsmd.org/departments/titleone/includes/si_requirement.shtml)

## **5. MCPS Policies**

**Board of Education Policy IOB**, *Education of Students with Disabilities*, affirms MCPS' commitment to meeting the requirements of federal and state law by developing an "educational system that is committed to the success of all students, (by) requir(ing) accountability for the performance results of all students."<sup>15</sup> Policy IOB includes the following ten policy positions:

1. Provide opportunities for all students to achieve at the highest possible levels, as well as access a comprehensive, collaborative, and individualized support system that enables students with disabilities to make progress in the MCPS curriculum.
2. Create a climate of acceptance, respect, and high expectations that result in academic achievement and the attainment of other important knowledge and skills for all students, based on the principle that every child can learn and succeed.
3. Improve educational results for children with disabilities by assuring their access to instruction in the general education class to the maximum extent possible.
4. Maximize to the extent possible the participation of students with disabilities with non-disabled peers in all aspects of school life, including academic, social, and extracurricular activities, as a critical component of their educational experience.
5. Provide a continuum of services for students with disabilities and educate them in the least restrictive environment appropriate for the child to ensure success for every student. Consideration must first be given to providing services in the student's home school.
6. Collaborate with government agencies, the business sector, and families to provide an educational program that prepares students with disabilities for self-sufficient and productive lives as full, participating members of our society and leads to positive post-school results in education and training, employment, access to adult services, independent living, and community participation.
7. Work with parents in constructive, collaborative partnerships to provide the home/school link fundamental to student success.
8. Ensure all staff, both special and general education personnel, share accountability for the education of students with disabilities.
9. Develop and implement system-wide supportive general education interventions and culturally responsive instructional practices that help to eliminate any misidentification and/or misclassification of students, particularly minority students, with special attention to the specific disability categories of emotional disability, mental retardation, and specific learning disability.
10. Actively seek to locate, identify, and evaluate children residing in the county or who have been placed by their parents in private schools located in the county, including children who are homeless, highly mobile, or are wards of the state, who are suspected by parent, school, or other responsible sources of being a child with a disability whether enrolled in public, private, or religious schools. Outreach activities are conducted with interagency collaboration.

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<sup>15</sup> <http://www.montgomeryschoolsmd.org/departments/policy/pdf/iob.pdf>



Additionally, **MCPS Regulation ACG-RB, Accommodations and Services to Students Qualifying Under Section 504 of the Rehabilitation Act of 1973**, describes MCPS procedures for implementing Section 504 plans for students, which can include students on the autism spectrum. **MCPS' strategic plan, Our Call to Action**, includes the performance of students with disabilities among its articulated performance goals for student progress, and also tracks measures aimed at reducing the disproportionate representation of minorities among students with disabilities and rates of suspension among students with disabilities.

## B. Administration of ASD Programs and Services

This section describes how DHHS and MCPS administer the delivery of the services they must provide to children on the autism spectrum and their families. As Table 5 shows, DHHS and MCPS jointly administer those services for children on the autism spectrum that are authorized by the federal Individuals with Disabilities in Education Act.

Overall, DHHS serves as the lead agency for administering Early Intervening Services for young children with developmental delays but relies on its partnership with MCPS to offer direct services. Alternatively, MCPS serves as the lead agency in delivering Prekindergarten and K-12 education programs for students on the spectrum, but partners with DHHS to administer the state's Autism Waiver Program. A more detailed description of each agency's administrative functions follows.

**Table 5: Characteristics of Montgomery County Services for Children on the Autism Spectrum under IDEA**

	<b>Early Intervening and Extended IFSP Option</b>	<b>Prekindergarten and K-12 Education</b>
<b>Lead Agency</b>	Department of Health and Human Services	Montgomery County Public Schools
<b>IDEA Statute</b>	Part C	Part B, Section 619 and 611
<b>Eligibility Determination</b>	Developmental delay of 25% or more or a specific diagnosis or condition	Diagnosed disability that impedes the child's ability to learn, thus requiring special education
<b>Age of Child</b>	0-3; 3-5 for Extended IFSP, if child eligible for special education	3-5 for Prekindergarten; 5-21 for K-12
<b>Receiver of Services</b>	Focused on the family: Individual Family Support Plan (IFSP)	Focused on the child: Free, Appropriate Public Education through Individualized Education Plan (IEP)
<b>Service Setting</b>	Home or community-based settings	Educational environments (i.e., schools)

### 1. Department of Health and Human Services

Montgomery County Government's Department of Health and Human Services (DHHS) delivers services to children on the autism spectrum in three separate roles:

- As the lead agency for the County's Early Intervening Services Program,
- As the service coordinating agency for the state's Autism Waiver Program, and
- As administrator of several County programs aimed at assisting young persons with autism and their families.

**Early Intervening Services and Infants and Toddlers Child Find.** DHHS serves as the lead agency for administering Early Intervening Services for Infants and Toddlers, as well as for Prekindergarteners in the Extended Individual Family Support Plan (IFSP) Option. This federally mandated program assists families with young children to address their children's developmental and special needs. In particular, these services enhance the capacity of families to support their children's development within the home and community.<sup>16</sup>

DHHS manages the County's Early Intervening Services Program through its Children, Youth and Family Service Area. In this role, DHHS manages the County's Child Find process for infants and toddlers (offered as a single point of entry) and partners with MCPS and other contracted providers to deliver services to young children. Specific DHHS functions include:

- Monitoring private service contracts;
- Developing local interagency agreements;
- Maintaining local referral and data systems;
- Promoting public awareness of the Infants and Toddlers Program (i.e., Early Intervening Services);
- Developing, overseeing, and implementing personnel development; and
- Budget development, Medical Assistance billing, and service oversight.

DHHS also has lead responsibility for providing the following services (either directly or through contracts):

- Coordinating screening and ongoing early intervening services (contracted out to community providers);
- Psychological services (provided by DHHS staff);
- Nursing (provided by School Health Services staff and contracted out to Community Health Services providers);
- Mental health services (contracted out to Family Developmental Specialists);
- Nutritional counseling;
- Social work services; and
- Securing additional funding to address gaps in service delivery.

**Extended IFSP Option.** As part of Early Intervening Services, DHHS administers the Extended IFSP Option Program. The State of Maryland recently adopted the Extended IFSP Program as an option for children at age three who are eligible for special education services but would like to continue with their IFSP up to kindergarten. The Extended IFSP option enables children to continue to receive family-centered early intervening services year round in their own communities and natural environments with additional educational supports. Children currently enrolled in the Infant and Toddlers Program who are found eligible for Part B special education services at age three have the option of continuing an IFSP or moving to a special education Individualized Education Plan (IEP). Like prekindergarten special education, the extended IFSP option focuses on enhancing student readiness for school.

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<sup>16</sup> FY2011 Interagency Agreement, Infants and Toddlers Program

**Autism Waiver Program Service Coordination.** MCPS' Autism Waiver Program is designed to provide children wrap-around services in hopes of preventing the need for residential treatments. MCPS contracts through a Memorandum of Understanding with the County Government's Community Support Network for people with Developmental Disabilities (in DHHS' Aging and Disability Service Area) to provide case management services for children enrolled in its Autism Waiver Program. DHHS service coordinators help children and their families locate the most appropriate services and supports, using providers (approved by the state) and/or community resources. DHHS service coordinators also help children and their families to identify interests, implement choices, address satisfaction of services, and assure that the children's needs and preferences are being addressed.

**Other Community Support Network Services.** Besides supporting MCPS' Autism Waiver Program, DHHS' Community Support Network administers three other programs that serve young persons with developmental disabilities that include autism.

- ***The My Turn Program*** provides program and financial assistance to families who are caring for children diagnosed with developmental disabilities, ages 3-13. These services are designed to support the home environment and address child needs outside of IDEA.
- ***Respite Services*** offer temporary relief and support for families who provide ongoing care to children and adults with disabilities, and/or children with severe medical or behavioral needs.
- ***Transitioning Youth Services*** assists students with developmental disabilities and their families with graduating from the school system and entering the adult service system via the Maryland Developmental Disabilities Administration and the Division of Rehabilitative Services.

## **2. Montgomery County Public Schools**

MCPS' Office of Special Education and Student Services (OSESS) serves as the lead agency for the County's Prekindergarten Special Education and K-12 programs. OSESS also manages the placement of students in nonpublic programs and coordinates the Autism Waiver Program. Two OSESS departments - the Department of Special Education Services (DSES) and the Department of Special Education Operations (DSEO) - administer these programs. OSESS also assists DHHS with early intervening services for young children from birth to age three. The rest of this section describes these programs in more detail.

### **a. The Department of Special Education Services (DSES)**

DSES administers programs serving students with autism from birth through age 21. Its functions are administered across two units: the Division of Preschool, Special Programs, and Related Services; and School Support Teams.

**Division of Preschool, Special Programs, and Related Services.** This division and its respective units are responsible for administering the following functions:

- ***Child Find Age 3 to 5.*** The Early Childhood Disabilities Unit (ECDU) conducts special education screenings through child find clinics. ECDU staffs the Child Find hotline and conducts outreach to pediatricians' offices, health clinics, and libraries to locate children age three to five who may have a delay in their development.

- **Early Intervening Services.** Under contract with Montgomery County Government's DHHS, the Infants/Toddlers and Preschool Services Unit provides early intervening services at five MCPS Infant and Toddler sites. MCPS also provides services for speech-language therapy, occupational or physical therapy, and/or supports from special education to eligible infants and toddlers in "natural environments" that can include the home, public libraries, and play group meetings. MCPS also assists in helping families to transition at age three into special education or the extended IFSP option. At age three, the focus of services for children eligible for Part C becomes school readiness, regardless of whether the child enrolls in prekindergarten special education or the extended IFSP program.
- **Prekindergarten Special Education.** The Infants/Toddlers and Preschool Services Unit also provides a number of services to children who are eligible for prekindergarten special education, including students on the autism spectrum. Specific services include:

The Preschool Education Program (PEP) serves young children with disabilities or developmental delays in special classes across 21 sites. PEP approaches include:

- *PEP Classic and PEP Intensives Needs Classes* that offer half-day programs;
- *PEP Beginnings* and *PEP Comprehensive* that provide a five-hour per day schedule;
- *PEP Providing Inclusive Learning Opportunities for Threes (PILOT)* classes that offer two day a week half-day classes that include non-disabled peers; and
- *PEP Itinerant* that offers services in community preschools.

Speech and Language Services that provide itinerant speech-language services or placement in a Pre-K language at one of 43 school-based centers; and

The Comprehensive Autism Preschool Program (CAPP) that provides preschoolers a systematic one-to-one behavioral approach to learning (i.e., applied behavior analysis). This program is currently offered at five school sites.

- **Autism Unit.** This team of 14 professionals provides consultative services to school-based staff to improve their understanding of autism spectrum disorders, accommodations, and specialized teaching strategies. The Autism Unit also supports prekindergarten classes through CAPP at five school sites, and supports K-12 classes for students with autistic disorder and Asperger's Syndrome. This unit also provides support and professional development<sup>17</sup> to general and special educators that serve students with autism in other education placements (e.g., inclusive general education classrooms).
- **Emotional Disabilities Unit.** This team of 20 professionals also provides consultative services to school-based staff to improve their understanding of emotional disabilities, accommodations, and specialized teacher strategies. They also support the Emotional Disabilities Cluster Programs and the Bridge Program.

**School Support Team.** Six teams of special education supervisors and instructional specialists provide oversight of all K-12 school-based special education programs. One team serves each MCPS quad cluster. DSES special education supervisors focus their support for schools in two areas: the implementation of curriculum and placement of students with disabilities in the least restrictive environment.

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<sup>17</sup> See pages 63-34 for list of professional development opportunities offered by the Autism Unit in FY11.

To place students in the least restrictive environment supervisors conduct student observations and make recommendations for LRE placement to IEP teams. Supervisors also help organize and implement professional development for general and special education teachers.

Via the School Support Team, DSES provides eight itinerant resource teachers to work directly with schools-based staff and it offers professional development classes on inclusive practices, the effective use of paraeducators, and the use of accommodations for students with disabilities.

Further, DSES' **School-Based Services Team** provides administrative oversight for the following programs serving students with ASDs that are described in greater detail in Chapter 6:

- Learning for Independence and Resource Room Programs,
- Special Schools,
- School/Community Based Programs,
- Extensions, and
- Elementary Learning Centers.

**b. Department of Special Education Operations (DSEO)<sup>18</sup>**

DSEO provides administrative oversight for three functions to deliver services to children and young persons on the autism spectrum. These functions and their supporting units are described below.

- **Nonpublic Placements.** The Placement and Assessment Services Unit manages and coordinates the placement of students with disabilities into and out of nonpublic programs. The unit provides assessments and case management for students in nonpublic placements. Case managers monitor the implementation of the IEP and the quality of the instructional programs and ensure that services are delivered in compliance with mandated procedures. This unit also accounts for tuition funds for nonpublic placements, monitors program costs, and coordinates referral of students suspected of having a disability who have been placed in private/religious schools by their families.
- **Autism Waiver.** The Medical Assistance Unit administers the process to obtain Medicaid reimbursement for allowable special education services and manages the Autism Waiver Program. The Autism Waiver Program is a State Medical Assistance program that allows eligible children with Autism Spectrum Disorder to receive specific services to support them in their homes and communities. As noted previously, MCPS contracts out its service coordination for the Autism Waiver Program to the County Government's DHHS.
- **Procedural Safeguard and Due Process.** The Equity Assurance and Compliance Unit ensures MCPS compliance with the procedural safeguards and due process requirements in federal and state law. This unit: 1) processes requests for administrative reviews, mediation sessions, and hearings; 2) assigns cases to appropriate staff; 3) reviews records; and 4) schedules and participates in briefings and hearings. This unit provides technical support and assistance to ensure system-wide compliance with procedures.

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<sup>18</sup> In FY12, the DSEO was reorganized into a new department – the Department of Business, Fiscal, and Information Systems, and its oversight of the Nonpublic placements as part of the Placement and Assessment Services Unit was transferred to the Department of Special Education Services.

## **Chapter V. Autism Disorder Diagnoses, Enrollment, and Comparative Trends**

This chapter describes how DHHS and MCPS determine eligibility for autism services, examines the demand for autism services in Montgomery County, and compares County student enrollment trends in autism and other special education classifications. More specifically:

- **Part A, Autism Diagnoses**, describes the referral, assessment, and determination processes used to identify children on the autism spectrum and develop service plans for either early intervening services or special education; and
- **Part B, MCPS Enrollment Trends for Students on the Autism Spectrum**, presents MCPS data on student eligibility for autism services during the 2010-2011 school year; and compares MCPS enrollment changes for students who receive autism services with three student cohorts: all students, students eligible for special education, and students classified with disabilities that can overlap with autism spectrum disorders.

Several findings emerge from the information reviewed in this chapter:

- For students age three through 21, a child's eligibility for MCPS' special education and autism services requires an eligibility determination by a school-based IEP team. A diagnosis by only a private provider is not sufficient to access special education disability services under IDEA.
- MCPS' enrollment of students with autism has increased more than five-fold over the past 10 years compared to a 6% and 7% increase in special education enrollment and student enrollment overall.
- Counting only the number of MCPS students coded for autism may offer an incomplete picture of all students on the spectrum of autism disorders in Montgomery County since some students with ASD are schooled at home.
- MCPS' enrollment trends for students among disability categories that overlay with the spectrum vary widely. These trends range from a six-fold increase in the number of children identified as having a developmental disability over the past 10 years, to an 86% decline in the number of children identified as having multiple disabilities.
- Of students coded for autism, about 52% were initially identified in Grades Pre-K to 4 (age three to nine) and the rest (42%) in Grades 5-8 (age 10 to 13).
- It remains unclear how much of MCPS' growth in autism enrollment results from growth in the underlying population of students on the spectrum compared to improved diagnostic procedures that classify children on the spectrum who were previously misclassified in a different primary disability category.

## A. Autism Diagnoses

A child may be diagnosed with an ASD if he/she meets the symptom criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association. Autism spectrum disorders can be difficult to diagnose. No specific medical test exists to identify autism spectrum disorders, and, as the National Institutes of Health<sup>1</sup> notes, the range of symptoms among disorders can exacerbate the diagnosis process. Finally, although a child may show signs of ASD before 18 months, a child usually will not receive a referral for evaluation until he/she is two or three, since this is when delays in communication, development, and social interaction become more obvious.

Under IDEA, either local health departments or local school systems are responsible for diagnosing children with autism. The processes that health or school officials use to assess and evaluate infants and young children emphasize the identification and assessment of any childhood disabilities, not just those that are part of autism spectrum disorders.

An ASD diagnosis typically consists of a two-step evaluation process:

- The first step, **a developmental screening**, occurs as part of a child's standard doctor visits. Health care providers use a questionnaire, parent observations, or other screening tools to gather information about a child's development and behavior and determine whether or not a child is meeting age appropriate developmental milestones. If developmental delays indicate a possible ASD, the doctor requests an evaluation.
- The second step, **a set of comprehensive diagnostic evaluations**, typically includes observations of the child's behavior and development; extensive interviews with the parents; hearing and vision screenings; and genetic, neurological, and other testing.

The next two sections provide more details about how DHHS and MCPS identify, assess, and provide services for children on the autism spectrum.

### 1. DHHS' Eligibility Assessment Procedures

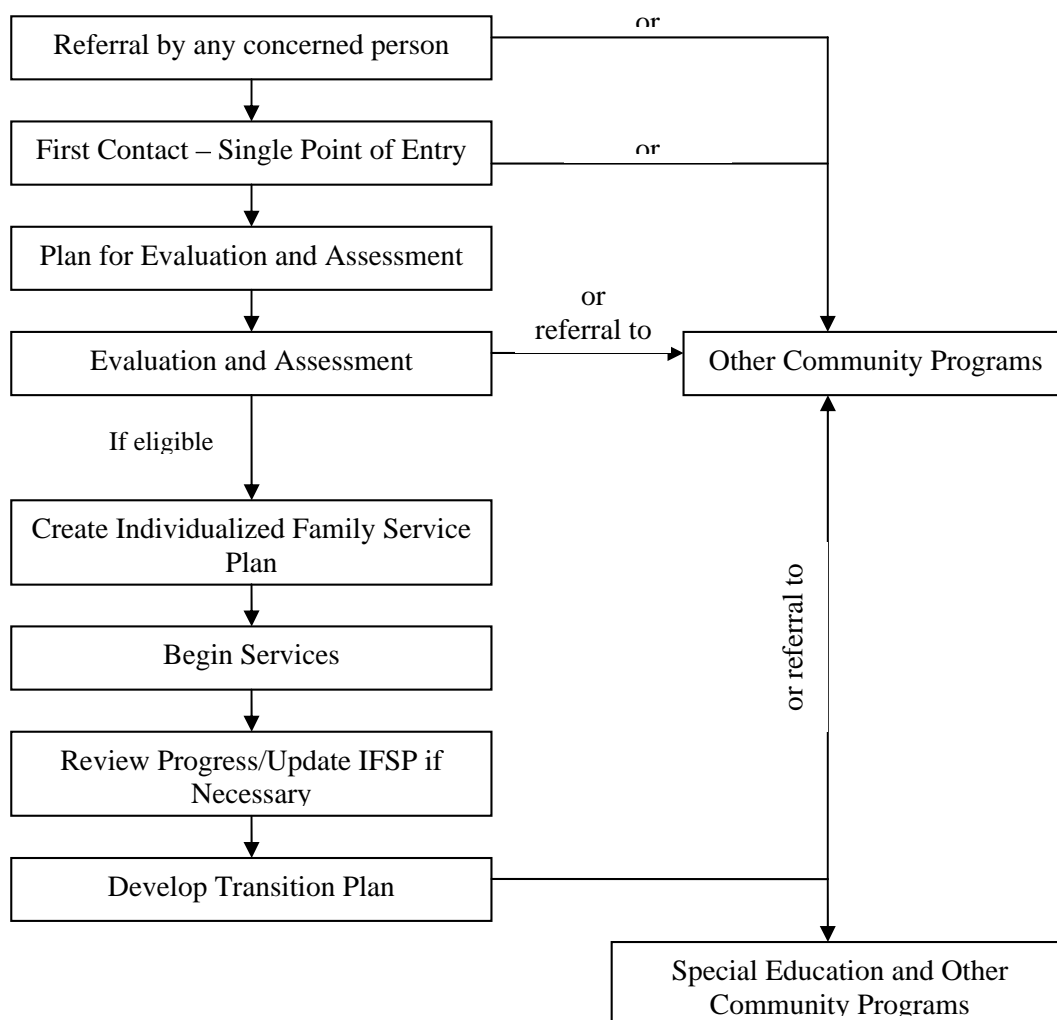
DHHS' Montgomery County Infant and Toddlers Program (MCITP) provides a single point of entry for special needs assessment and delivery of services. Staff develop a written plan of services, called an Individualized Family Support Plan (IFSP), when it determines the need for *early intervening services* to address a significant developmental delay (e.g., speech or physical disability).

Exhibit 1 on the next page and text on the next two pages explain how DHHS identifies children with developmental delays meriting early interventions. The section concludes with a brief description of how DHHS administers the transition process from the Infant and Toddlers Program to either MCPS' prekindergarten special education program or DHHS' Extended IFSP program.

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<sup>1</sup> National Institute of Mental Health - <http://www.nimh.nih.gov/health/publications/autism/complete-index.shtml>

**Exhibit 1: The Individualized Family Service Plan (IFSP) Process**  
(from Maryland State Department of Education (MSDE) Infants and Toddlers (ITP) Program)





### **Steps in the Individualized Family Service Plan (IFSP) Process**

**Referral.** An infant or toddler who is suspected of having a developmental delay may be referred to the Infants and Toddlers Program by a parent or professional, including a healthcare provider, a day care worker, or an educational or social service provider. Once a referral is made, a DHHS program service coordinator obtains parental consent and arranges for an evaluation and assessment of the child to determine if he/she is eligible for DHHS' early intervening services.

**Determination of Eligibility.** The MCITP staff conducts a multi-disciplinary eligibility evaluation. A child under the age of three is eligible for services if he/she shows at least one of the following developmental symptoms:

- A cognitive, communication, physical, social/emotional, or adaptive development delay of 25% or more, *or*
- A diagnosed condition, such as severe sensory impairments, fetal alcohol syndrome, epilepsy, Down syndrome, or a low birth weight, that is likely to affect development; *or*
- Is developing in a way that is considered 'atypical' for most children his or her age.

As noted above, few children are diagnosed with an autism spectrum disorder before the age of three since a child's communication, behavioral, and social skills are still emerging. Most children suspected of being on the autism spectrum are deemed eligible for early intervening services due to one or more developmental delays of 25% or more.

**Evaluation and Creation of Individualized Family Service Plan (IFSP).** If a child qualifies for early intervening services, the Infants and Toddlers Program staff develop an Individualized Family Service Plan (IFSP) that articulates the outcomes the family would like to achieve and outlines an intervention plan to achieve these goals.

To develop the IFSP, the Montgomery County Infant and Toddlers Program (MCITP) early intervention team determines the strengths and needs of the child and identifies appropriate intervention services. The team must ensure that services are provided in the child's natural setting (e.g., home, day care) to the greatest extent possible. Examples of services in an IFSP include:

- |                             |                                 |
|-----------------------------|---------------------------------|
| • Case management           | • Assistive technology services |
| • Physical therapy          | • Nursing                       |
| • Occupational therapy      | • Nutrition counseling          |
| • Speech-language pathology | • Psychology                    |
| • Family training           | • Social work                   |
| • Counseling                | • Special instruction           |
| • Home visits               | • Transportation                |
| • Some health services      |                                 |

Federal law requires that the IFSP must be developed within 45 calendar days of referral to the Single Point of Entry and be reviewed every six months or more frequently at the parent(s)' request.

**Transition at Age Three.** Usually around two years of age, the MCITP team provides each child's parents with a written transition plan that outlines appropriate special education or community-based services needed. Also, before a child turns three, the MCITP team conducts an evaluation to determine if he or she is eligible for either MCPS special education services or an Extended IFSP until age 4 begins. MCPS staff will use the child's IFSP and the transition evaluation to assist in the development of an Individualized Education Plan (IEP) for preschool special education.

## **2. MCPS' Eligibility Assessment Procedures for Special Education Services**

As required by COMAR, MCPS uses the definition of autism in the Maryland State Department of Education regulations to classify students who are eligible for Individualized Education Plans due to autism. This definition requires a child to have significant verbal and social disabilities that adversely affect educational performance. It defines autism as:

A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. The term does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disability. A child who manifests the characteristics of autism after age 3 could be identified as having autism if the criteria described above are satisfied.<sup>2</sup>

In cases where the educational impact of a suspected disability is not evident, MCPS policy requires data from the implementation of evidence-based interventions to be included in the eligibility determination for special education services. Further assessment may be needed for those students who have not responded to systematic, research-based, general education instruction and interventions.

MCPS uses two processes to gather data from interventions,

- First, a student's teacher(s) consults school specialists and works with parents through a process called "collaborative problem solving," or CPS, to determine appropriate interventions, the expected rate of progress, and the amount of time the intervention will be implemented.
- If the data from the interventions implemented through the CPS process does not reflect the expected rate of progress, the student is referred to a school-based Educational Management Team, or EMT. The outcome of the EMT process may be planning for the implementation of more intensive intervention or a referral to a screening IEP team meeting.

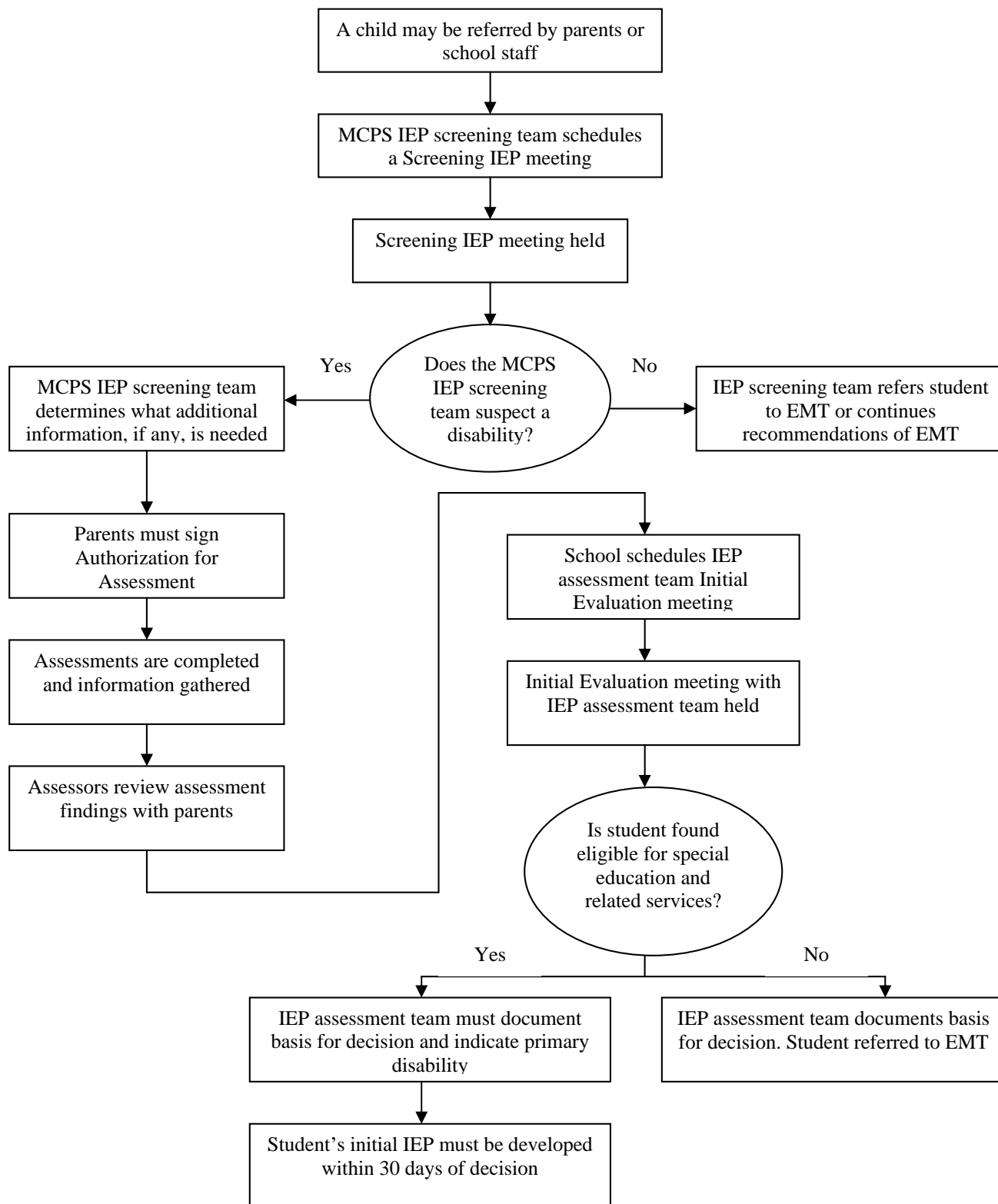
When a student is referred to screening through the EMT process, documentation from both the CPS and EMT processes is considered as a part of the eligibility determination.

Exhibit 2 on the next page shows the process MCPS uses to refer, assess, and place students eligible for special education services. A more detailed description of each step follows on the next page.

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<sup>2</sup> COMAR 10.09.56.01B

**Exhibit 2: Special Education Initial Evaluation Process Map**  
(from Problem Solving for Student Success, MCPS)



### **Steps in MCPS' Individualized Education Plan (IEP) Process**

**Referral.** Parents, school staff, health care professionals, or social services professionals may refer a child to the screening for special education services. MCPS has 90 days from the date of referral to complete the initial evaluation process. There are two primary methods of referral for special education services in Montgomery County:

- **Children Ages Three to Kindergarten-Eligibility Age.** The MCPS Child Find Office is a program that locates, identifies, and evaluates young children with disabilities. It provides free developmental screening clinics for several cohorts of preschoolers that include:
  - MCPS preschoolers, whether they reside in the county or not;
  - Prekindergarten students who do not attend an MCPS school;
  - Preschool children in families moving into the county who have a current Individualized Education Plan (IEP); and
  - Children who attend nonpublic schools in the County regardless of residency.
- **Children over Kindergarten-Eligibility Age.** Students in Montgomery County can be identified and referred for special education screening by parents, school staff, or other medical staff at any time. These include home-schooled and private school students.

**Screening.** Once a referral is made and the school suspects a disability exists, the school schedules an initial Individualized Education Plan (IEP) screening team meeting. If the school suspects no disability is present, it must provide written notice of its refusal to assess the child. At its initial meeting, the IEP team assembles existing information about the student, (e.g., report cards, work samples, state, county, or teacher-made assessments) solicits information from parents, and obtains parental consent for an assessment to determine if an educational disability is suspected. If a disability is suspected, then the IEP team will determine the additional information that is needed as part of the assessment. IDEA requires that the IEP team complete the eligibility determination within 60 days of receiving parental consent for the evaluation.

**Assessment.** If the IEP team suspects a disability might be present, MCPS evaluators will conduct standardized assessments to supplement the existing information that was reviewed at screening. An IEP team consists of:

- The parents;
- At least one general education teacher of the child;
- At least one special education teacher;
- An MCPS representative who can commit the resources of the school system;
- An individual who can interpret instructional implications of evaluation;
- Other educational service providers (i.e., speech therapists, psychologists, etc); and
- The student if appropriate.

The evaluation assesses the child in all areas of suspected disability. More specifically, the evaluation consists of reports by educational professionals and teachers, parent observations, nationally standardized assessment, student interviews, informal data, curriculum based measures, state and county assessment information, and other data relevant to the eligibility determination. If the student is an English language learner, assessments may need to be referred to the Bilingual Assessment Team, who can conduct the assessment in the child's native language after determining the child's dominant language.

A parent who disagrees with the results of the MCPS assessment can request an independent educational evaluation (IEE). When a parent requests an IEE, the school system may either agree to fund the IEE, or they may request a due process hearing to defend the results of their assessment. In cases where MCPS agrees to fund the assessment, the completed evaluation is submitted to the IEP team for review; however, a diagnosis by a private provider alone does not grant access to MCPS' special education disability services. Instead, a child's eligibility for MCPS' special education and autism services requires eligibility determination by an MCPS school-based team.

A parent may also elect to fund their own private assessment. In these cases, the assessment is submitted to the IEP team for review. The MCPS IEP team may recommend additional assessment or they may find that the private assessment is sufficient.

**Student found Eligible for Services/Diagnosis/IEP Development.** After MCPS deems a child is eligible for special education services and the parents consent to special education services, the IEP team will develop the child's IEP within 30 calendar days. An IEP is a written statement and a legal document of the educational program designed to meet a student's individual needs. The scope of provided services in an IEP must address a child's needs for any disabilities identified, not solely those in the primary disability category. An IEP includes:

- The child's present levels of academic achievement and functional performance;
- A list of measurable academic and functional goals and how progress will be measured;
- A summary of benchmarks or short-term objectives;
- A statement of the special education, related services, supplementary aids, and other services to be provided to the child and the program modifications or supports for school personnel that will be provided to enable the child;
- An explanation regarding the extent the child will not participate with non-disabled children regular education environments;
- A summary of whether state or district assessment accommodations are necessary or why alternative assessments are appropriate; and
- The projected frequency, location, and duration of services and modifications provided.

**Placement.** Following the eligibility determination, the IEP team develops appropriate goals and objectives, determines the services a child will need to reach their IEP goals, and then determines which placement option is best suited for actualizing the goals of a student's IEP. MCPS student placement determinations occur at least annually and include parents in the process. Not all services are available in all schools. The IEP team is charged with determining appropriate services for the child in the least restrictive environment (LRE).

Placing a student in the LRE standard is mandated by state and federal law. LRE decisions are based on the requirement that all students with a disability must be educated in the least restrictive environment possible, and that removal from the regular general education environment only occur in cases where the student is unable to progress in the regular education environment even when provided appropriate supplementary aids and services.

MCPS offers a continuum of placement options for students with disabilities instruction in general education classes, special classes, and special schools; home instruction; and instruction in hospitals and institutions. In addition, students with disabilities must be provided with supports that enable them to participate in nonacademic and extracurricular activities.

**Transfer of Student with Special Education Needs.** MCPS implements the following policies for students with disabilities that transfer into the MCPS system:

- **IEPs for Students Who Transfer to MCPS from a Maryland School District.** If a student with a documented disability transfers to MCPS from another Maryland school district, MCPS may either adopt the previous IEP or develop a new IEP.
- **IEPs for Students Who Transfer to MCPS from another State.** If a student with a documented disability transfers to MCPS from out of state, MCPS must conduct a reevaluation to decide whether additional information or assessment is needed to determine the child's eligibility for special education services and develop a new IEP.

**Reevaluations for Autism of Students classified with another disability.** Because the symptoms of autism often become more prevalent as a child grows older, MCPS reevaluates many students who were classified as having another primary disability (e.g., developmental delay) in their preschool and early-school years in upper elementary and middle school to determine whether autism should be coded as their primary disability.

### **3. MCPS Data on Autism Spectrum Disorders**

To provide perspective about the results of MCPS' screening processes, OLO asked MCPS for data about students who were newly identified to receive special education services for autism in any given school year. Federal law and regulations first recognized autism as a separate special education classification in 1993. Since then Maryland school systems have used this classification (Code 14) to track students with a primary disability of autism. "Newly identified" students with autism are children who MCPS has identified as being any eligible for special education services due to a primary disability of autism for the first time in a given year.<sup>3</sup>

MCPS was able to provide descriptive data about the cohort of students currently eligible for autism services; however, MCPS was not able to disaggregate the data to show the number and grade level of students by the year they were newly identified for autism services either as a primary or secondary disability. (For trend data about the cohort of students eligible for autism services see the next section, starting on page 39.)

Table 6 on the next page displays the number and grade of students newly identified as having an autism spectrum disorder as their primary disability for the current 2010-2011 school year. It shows that, as of March 10, 2011, there are 54 newly identified students. Of these, roughly half (28 students) were in Pre-K, kindergarten or elementary school, compared to 23 in middle school, and three in high school.

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<sup>3</sup> These students may have been eligible for special education services due to another disability prior to be classified as having autism as their primary disability.

**Table 6: Grade Distribution of Students Initially Identified to Receive Autism Services as of March 2011\***

Grade Level	Number of Students	Percent of Distribution
<b>Pre-K</b>	5	9.3%
<b>K</b>	9	16.7%
<b>1</b>	3	5.6%
<b>2</b>	4	7.4%
<b>3</b>	5	9.3%
<b>4</b>	2	3.7%
<b>5</b>	6	11.1%
<b>6</b>	6	11.1%
<b>7</b>	6	11.1%
<b>8</b>	5	9.3%
<b>9</b>	1	1.9%
<b>10</b>	1	1.9%
<b>11</b>	1	1.9%
<b>12</b>	0	1.9%
<b>Total</b>	<b>54</b>	<b>100.0%</b>

\*Data is for the 2010-2011 school year as of March 10, 2011

Source: MCPS Department of Special Education Services

## **B. MCPS Enrollment Trends for Students on the Autism Spectrum**

Nationally, educators report that the enrollment of students on the autism spectrum disorder continues to grow at a high rate. This section looks at enrollment data for MCPS students on the autism spectrum disorder.

**FY11 Enrollment and Data Collection Practices.** In FY11, MCPS reports that 1,642 students are classified with a primary disability of autism (special education classification “Code 14”). However, this total may undercount the total number of students in the county who have an autism spectrum disorder since it excludes students with ASD who are home schooled or placed in private schools by their parents.

**FY01-FY11 Enrollment Trends.** Table 7 on the next page shows FY01-FY11 MCPS enrollment data for students with a primary disability code of autism compared to total student enrollment, total special education enrollment, and enrollment for other disability classifications over the same time period. The data indicate:

- MCPS’ enrollment of students coded 14 for autism increased 517% between FY01 and FY11, from 266 students to 1,642 students, a rate of growth that substantially exceeded the total student enrollment growth (7%) and the total special education enrollment growth (6%) over the same period.

- MCPS’ also experienced substantial enrollment increases between FY01 and FY11 in two other special education classifications – Development Delay (633% increase) and Other Health Impaired (261% increase) – that may include some students that are on the autism spectrum.
- While autism and other classifications saw enrollment increases, these were offset by decreases in the enrollment among students having primary disabilities in multiple disabilities, emotional disability, and “all other disabilities” that include learning disabilities, speech impairments, and several low incidence disabilities (e.g., traumatic brain injury).

**Table 7: MCPS Enrollment for Autism, All Students, and Special Education, FY01-FY11**

Enrollment for:				10-year Change	
	FY01	FY06	FY11	#	%
<b>Autism</b>	266	943	1,642	1,376	517%
<b>All students</b>	134,180	139,398	143,309	9,129	7%
<b>Special Education</b>	16,359	17,700	17,307	948	6%
-Intellectual Disabilities	323	647	655	332	107%
-Emotional Disability	1,202	1,034	663	-539	-47%
-Other Health Impaired	784	2,092	2,831	2,047	261%
-Multiple Disabilities	1,892	445	257	-1,635	-86%
-Developmental Delay	255	800	1,869	1,614	633%
-All Other Disabilities	11,637	11,739	9,390	-2,247	-19%

Notes:

- Students on the autism spectrum can often have **intellectual disabilities or emotional disability** as disability overlays (i.e., secondary disabilities).
- **Other health impairments and multiple disabilities** enrollment may include some students on the autism spectrum (e.g., students with Asperger’s syndrome).
- **Developmental delays** enrollment includes young children who are suspected of being on the autism spectrum.
- **All other disabilities** includes enrollment for learning disabilities, traumatic brain injuries and impairments in speech, orthopedics, vision, and hearing.

Sources: MSDE Special Education/Early Intervention Services Census and Report Card

This high rate of growth in MCPS’ autism enrollment is consistent with trends at the state and national levels. This growth results, in part, from the newness of the classification; autism became a federal special education classification in 1997. It also suggests that over time diagnosticians have become more adept at identifying the symptoms of autism. When the symptoms of autism spectrum disorder were less understood, diagnosticians often miscoded children who had an autism spectrum disorder as their primary disability with another type of disability.



## **Chapter VI. MCPS' Programs for Students on the Autism Spectrum**

Montgomery County Public Schools relies on a number of special education program models to meet the heterogeneous educational needs of students on the autism spectrum. This chapter describes MCPS special education programs serving students on the spectrum, enrollment, and per student costs by program/setting for FY11. This chapter also describes enrollment and per student costs for the Autism Waiver Program administered by both MCPS and Montgomery County Government for the current school year. This chapter is presented in two parts:

- **Part A, MCPS' Autism Spectrum Disorder (ASD) Programs**, describes key features of the MCPS Special Education Programs that serve students on the spectrum and the Autism Waiver Program that delivers Medicaid funded wrap around services to a subset of MCPS students on the autism spectrum; and
- **Part B, ASD Program Costs**, describes budgeted per student costs and overall costs by program for special education programs serving students on the autism spectrum for the current school year.

MCPS students on the autism spectrum typically receive additional services beyond special education or the autism waiver. These additional services can include related services such as speech therapy, transition services, transportation, inclusion in general education classes, and administrative support at the school, field, and central office levels. These additional services, however, are beyond the scope of this report and are described in only limited detail to provide context for the other services received by students with autism spectrum disorders.

Several key findings emerge in this chapter:

- MCPS' Autism Programs are the most utilized special education placement for students on the autism spectrum yet nearly 80% of such students are served in other types of special education programs;
- Two-thirds of all students on the autism spectrum are served in restrictive, self-contained classrooms and programs (LRE C or higher) where they receive special education services outside of a regular classroom more than 60% of the day;
- With intellectual disabilities often characterizing autism spectrum disorders, approximately half of all MCPS students on the autism spectrum are served in special education programs that align with the Fundamental Life Skills (FLS) curriculum and lead to a certificate of completion rather than a regular high school diploma;
- Excluding the cost of employee benefits, related services, transportation, administration, and regular general education, among students on the autism spectrum in FY11:
  - Budgeted special education costs will total \$42 million, or \$52 million if including the cost of the Autism Waiver Program;
  - Budgeted per student special education costs will average \$24,000; and
  - Nonpublic placements account for 31% of MCPS' total special education costs attributed to its autism enrollment compared to accounting for less than 13% of its autism enrollment.

## **A. MCPS' ASD Programs**

This section reviews MCPS' programs serving students ages three through 21 with autism spectrum disorders, describes key features of each program, and details the budget and recommended staffing levels for each program. MCPS programs and services delivered as part of the County's Infants and Toddlers program are not described in this section.

### **1. Review of ASD Programs**

MCPS offers a variety of special education programs to meet the educational needs of students on the autism spectrum. Special education placements are based on the Individualized Education Programs (IEP) of specific students. The 19 special education programs/placements that serve students on the spectrum can be grouped into eight categories described below.<sup>1</sup> Additionally, both DHHS and MCPS administer the community-based Autism Waiver Program also described below.

- a. Autism Programs** that include the Collaborative Autism Preschool Program, Autism Classes, Asperger's Services, and Autism Resource Services;
- b. Home School** placements that include Resource Room Services, the Home School Model, and Hours Based Staffing;
- c. Fundamental Life Skills** placements that include Learning for Independence, School/Community Based programs, Extensions, and Special Schools;
- d. Nonpublic Placements** for students served in private schools to meet their educational needs at the County and the State's expense;
- e. Learning Disability** placements that include Learning and Academic Disabilities (LAD) services and the Gifted and Talented/Learning Disability program;
- f. Emotional Disability** placements that include the Bridge Program and Emotional Disabilities Cluster Program;
- g. Learning Centers** at the Elementary Level and for Grades 10-12; and
- h. Preschool Education Program (PEP)** placements that include PEP Comprehensive, PEP Intensive Needs, and PEP Classic.
- i. Autism Waiver Program** for families and children at highest risk of residential placements due to the severity of their autism spectrum disorder.

Of note, MCPS' Autism Programs are the only special education programs it administers that exclusively serve students with autism spectrum disorders. The remaining seven special education categories (i.e. categories b – h listed above) also serve students with other disabilities. Descriptions of the specific programs within each of these categories, including the grade levels served by each program and current ASD enrollment as of March 10, 2011 are detailed beginning on the next page.

MCPS students with ASD often receive related services to meet their needs. These can include:

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<sup>1</sup> These eight groupings were configured by OLO based on the commonalities in program characteristics and students served. This includes grouping the Regional Institute for Children and Adolescents (RICA) among the Special Schools category although the vast majority of these students are not enrolled in the Fundamental Life Skills curriculum. RICA alternatively serves as one of MCPS' emotional disability placements; students enrolled in RICA, are typically diploma bound rather than certificate bound.

- **Assistive technology** which refers to the use of devices and tools to enable a student to overcome an impairment and access the general education curriculum (e.g., tools that enable verbal expression/written communication among non-verbal students);
- **Speech and language services** that are designed to diagnose and remediate communication disorder and enhance the development of language, vocabulary, and expressive communication skills; and
- **Occupational and physical therapy** to address motor development and information processing deficits that impact a student's educational performance.

A review of these services and patterns of use among students with autism spectrum disorders is beyond the scope of this project. Also beyond the scope of this report are reviews of transition services for students on the autism spectrum age,<sup>2</sup> participation in regular general education courses, and transportation services.

#### **a. Autism Programs**

MCPS administers four Autism Programs supported by its Autism Unit to meet the specific needs of students on the autism spectrum:

- **Comprehensive Autism Preschool Program (CAPP)** is offered at the preschool level. Program goals include increasing academic, language, social, and adaptive skills to maximize student independence. Teaching procedures are based on the principles of Applied Behavior Analysis. Students attend class five days/week, for six hours each day, and receive approximately four hours of 1:1 discrete trial instruction.
- **Autism Classrooms** are offered in Grades K-12. These classes offer a highly structured school day and individualized instructional programs based on the Fundamental Life Skills (FLS) curriculum with an emphasis on the development of language, social skills, and behavioral strategies including Applied Behavior Analysis. At the secondary level, students are provided with community based instruction and prevocational tasks in order to prepare them for the transition to adult services.
- **Asperger's Services** are offered in Grades K-12. At the elementary level, Asperger's classrooms deliver academic and social skill instruction with an eventual goal of the student's academic instruction occurring in the general education classroom. Social skill groups, class units, and direct individualized teaching are utilized to provide students with strategies for prosocial behavior. At the secondary level, students are included for all academic classes in the general education environment with support for their social, behavioral, and organization needs that includes a daily pupil enrichment class.
- **Autism Resource Services** are offered at two middle schools.<sup>3</sup> This program includes students for all academic classes in the general education environment with accommodations for reduced work load and altered pacing of instruction as appropriate. These students typically are participating in Mod-MSA because they are approximately two to three years below grade level. This program also includes a social skills class at the beginning of the school day and an organizational skills class at the end of the day.

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<sup>2</sup> See MCPS' Career and Life Readiness Programs (OLO-Report 2009-10) for a broad description of transition services for students with disabilities.

<sup>3</sup> During the 2011-12 school year, a third program was added at Silver Spring International Middle School.

## **b. Home School Placements**

MCPS administers three special education programs that are designed to serve students with disabilities in their home schools to maximize opportunities for inclusion.

- **Resource Room Services** are offered in every school, Grades K-12, and are designed to provide students with disabilities with the support they need in order to be academically successful in the general education environment. Resource room teachers provide an array of services to students with disabilities including direct instruction in reading/language arts, writing, mathematics, and organizational skills.
- **Home School Model (HSM) Services**, offered in 120 of 130 elementary schools, are designed to support students in Grades K-5 as a result of a disability that impacts academic achievement in one or more content areas, organization, and/or behavior. Students served by this model are assigned to age-appropriate heterogeneous classes in their neighborhood schools. Student access to the general education curriculum during the course of the day is based on their IEP and encompasses a variety of models and may include instruction in a general education environment and/or a self-contained setting.
- **Hours Based Staffing** is offered in all but seven middle schools and is designed to allow more middle school students with disabilities to remain in their home middle school. Hours based staffing allocates special education and related services staff to middle schools according to combined need for special education services among students. Students can receive instruction in a regular general education environment or self-contained setting.

## **c. Fundamental Life Skills Programs**

In addition to its Autism Classes, MCPS administers four other special education programs that align with the Fundamental Life Skills (FLS) curriculum to support the achievement of students with intellectual and/or multiple disabilities.

- **Learning for Independence (LFI)** classes offered in Grades K-12 emphasize individualized student learning in school and community sites. Students with mild to moderate intellectual and/or multiple disabilities learn fundamental life skills and basic academics in the context of general school environments and in community settings. Students are often included in general education learning environments with adapted curriculum.
- **School/Community-Based (S/CB)** classes offered in Grades K-12 are designed to prepare students with moderate, severe, and profound intellectual disabilities and/or multiple disabilities for adulthood once they leave the school system. Students typically have significant needs in the areas of communication, personal management, behavior management, and socialization. S/CB classes provide individualized instruction, utilizing the FLS curriculum, or a combination of the FLS curriculum and accommodated general education curricula, in comprehensive schools and related community and work environments.
- **Extensions** classes, offered in Grades 6-12, are designed to meet the needs of students who have severe or profound intellectual disabilities, or multiple disabilities including autism and a prolonged history of aggressive, self-injurious, destructive, or disruptive behaviors. Goals for these classes focus on providing intensive educational programming designed to enable students to acquire more appropriate social and communicative skills, as well as other self-management strategies; ensuring that students have access to the FLS program curriculum; and offering students opportunities to participate in integrated employment and community activities.

- **Special Schools for Students with Disabilities** provide services to K-12 students with severe to profound intellectual disabilities, multiple disabilities, and/or emotional disabilities. The curriculum of four of the five campuses aligns with the FLS curriculum to provide students with skills in the areas of communication, self-help, functional academics, and transition services.
  - *Longview Center* and *Stephen Knolls Center* serve students with profound intellectual disabilities ages 5-21;
  - *Carl Sandburg Learning Center* serves elementary students that need a highly structured setting; and
  - *Rock Terrace School* serves middle, high, and upper (age 19 – 21) school students with an emphasis on improving functional academic skills and their prevocational and vocational experiences.

The fifth campus, *the Regional Institute for Children and Adolescents (RICA)*, implemented in collaboration with the Maryland State Department of Health and Mental Hygiene, focuses on delivering special education services in a day and residential facility that also meets its students' intensive mental health needs. Most students in RICA are diploma rather than certificate bound.

#### **d. Nonpublic placements**

Pre-K through Grade 12 students can be served in nonpublic placements if their special education needs cannot be addressed by MCPS. The costs of nonpublic placements are paid by the State and the County. MCPS students with autism spectrum disorders in nonpublic placements are currently served across 33 nonpublic placements inclusive of home instruction.

As of March 10, 2011, a majority of students on the autism spectrum in nonpublic placements (62%) were served by four nonpublic schools:

- *The Ivymount School*, with an enrollment of 54 MCPS students with ASD;
- *Forbush at Oakmont*, with an enrollment of 38 MCPS students with ASD; and
- *The Community School of Maryland* and *Kennedy Krieger of Montgomery County*, each with an enrollment of 21 MCPS students with ASD.

#### **e. Programs for Learning Disabilities**

MCPS offers the following two programs for students with learning disabilities that require more than Resource Room Services to access the general education curriculum.

- **Learning and Academic Disabilities (LAD)** services are provided to K-12 students in a continuum of settings that may include components of self-contained classes, co-taught general education classes, and other opportunities for participation with non-disabled peers. Selected elementary schools provide LAD services within each cluster; all secondary schools in MCPS provide these services.
- **Gifted and Talented/Learning Disabilities (GT/LD)** programs serve elementary and middle school students that demonstrate superior cognitive ability in at least one area and typically have production problems, particularly in the area of written expression. GT/LD services include specialized instruction, adaptations, and accommodations that facilitate access to rigorous instruction in the least restrictive environment, and occupational and physical therapy services.

## **f. Programs for Emotional Disabilities**

MCPS offers two programs for students with emotional disabilities in need of highly structured placements to access the general education curriculum.

- **The Bridge Program**, offered at the middle and high school levels, serves students who are socially vulnerable or face related challenges<sup>4</sup> by providing an intensive program for students who demonstrate significant social, emotional, learning, and/or behavioral issues that make it difficult for them to be successful in a large school environment. The program's focus is on academic skill development and on altering behaviors that interfere with academic learning. Bridge uses an interdisciplinary team to provide services in a continuum of settings that may include self-contained classes and opportunities for participation in general education classes.
- **Emotional Disabilities Cluster (ED)** services, offered in Grades K-12, provides services within comprehensive schools to students with social, emotional, behavioral, and learning challenges that adversely impact their success in school. Students demonstrate average to above average cognitive abilities yet may not demonstrate commensurate academic achievement due to a history of emotional and behavioral difficulties that interfere with their ability to participate successfully in the general education curriculum. These challenges can include aggressive social behaviors. The services are provided in a continuum of settings that may include self-contained classes and opportunities for participation in general education classes with non-disabled peers if appropriate.

## **g. Learning Centers**

The **Elementary Learning Centers** and the **Secondary Learning Centers** (limited to Grades 10-12 in FY11) are designed to provide comprehensive special education instruction and related services through a team based approach. The focus of both programs is to enable students to access the general education curriculum. At the elementary level, learning center services are delivered in self-contained classes with opportunities for inclusion with non-disabled peers in the general education environment. At the secondary level, students are served in self-contained and co-taught classes, and have opportunities to be fully included with non-disabled peers.

## **h. Preschool Education Program (PEP)**

The Preschool Education Program offers a variety of Pre-K special education classes and services for children with disabilities ages three through five. PEP serves children with multiple and/or moderate disabilities; services include consultative and itinerant services for eligible children in day care centers, preschools and classes. PEP includes:

- **PEP Beginnings** classes for students with profound physical and/or cognitive disabilities;
- **PEP Classic** classes offer half-day programs for students aligned with the Pre-K curriculum;
- **PEP Comprehensive** classes for students with a delay in more than one area;
- **PEP Intensive Needs** classes for children with severe sensory/communication issues; and
- **PEP Pilot** classes that offers services via an inclusive preschool model.

All students in PEP have an Individualized Education Plan (IEP) and many receive related services such as speech-language therapy; all PEP classes utilize parent educators.

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<sup>4</sup> Specific challenges noted on the Bridges brochure include: social vulnerability, problem solving, abstract thinking, organizing and planning, interpreting social cues, establishing relationships with peers, sensory sensitivity, pragmatic language, attention, and coping with anxiety, school stress, mood regulation, and changes in routine.

## i. Autism Waiver Program

This MCPS and MCG administered program provides wrap-around home and community-based services to children through age 21 who are severely impacted by autism spectrum disorders as an alternative to residential placement. Using Medicaid funds, MCPS administers this program and identifies students eligible for services while MCG offers case management services for students and families participating in this program. Currently, the State of Maryland only funds 900 slots, 200 of which are currently assigned to Montgomery County children. Participants receive respite care, intensive individual support services, residential habilitation, environmental accessibility adaptations, family life planning and training, and the coordination of services through monitoring and case management. Typically, children and their families receive 40-50 hours of services per week.

## 2. Key Features of ASD Programs

**Enrollment Summary.** This section compares MCPS' programs for students with ASD by enrollment and other key features. Table 8 describes ASD enrollment and the distribution of students by program type. Of note, while Autism Programs are the most prevalent placement for students with ASD, 79% of students with ASD are served outside of MCPS' four Autism Programs.

**Table 8: Programs Serving Students with Autism Spectrum Disorders by Enrollment, FY11**

Program Categories	Specific Programs Included in each Program Category	ASD Enrollment	% of ASD Enrollment
<b>MCPS Special Education Programs</b>			
Autism Programs	Comprehensive Autism Preschool Program, Autism Classes, Asperger's Classes, and Autism Resource Services	371	22%
Home School Settings	Resource Rooms, Home School Model, and Hours Based Staffing	355	21%
Fundamental Life Skills	Learning for Independence, School/Community Based Program, Special Schools, and Extensions	328	19%
Nonpublic Programs	Ivymount School, Forbush at Oakmont, and other private schools	217	13%
Learning Disabilities	Learning and Academic Disabilities and Gifted Talented/Learning Disabled	191	11%
Emotional Disabilities	Emotional Disabilities Cluster and Bridge Program	113	7%
Learning Centers	Elementary (K-5) and High School (10-12)	107	6%
Preschool Education	Preschool Education Programs (All Types)	37	2%
<b>Medicaid Waiver Programs</b>			
Autism Waiver	Most students (62%) enrolled in Nonpublic Programs, Special Schools, and Autism Classes.	200*	

\*There are 650 Montgomery County children on the Statewide registry waitlist of 3,300 children. Typically, families wait more than five years before their eligibility for Autism Waiver services is determined.

Sources: MCPS FY12 Program Budget, MCPS Parent Guide to Special Education, MCPS unpublished data on March 10, 2010 ASD Enrollment by Program.

**Least Restrictive Environment.** MCPS' delivery of services across a continuum for students with ASD varies by the least restrictive environment (LRE)<sup>5</sup> level associated with each program and its alignment with the Fundamental Life Skills (FLS) curriculum that leads to a certificate of completion or the MCPS general education curriculum that leads to a high school diploma.

Table 9 describes MCPS' special education programs serving students with ASD by LRE level, curriculum focus, and distribution of students with ASD. The data shows that two-thirds of all students with ASD are served in the following self-contained programs (LRE C or higher) where they receive special education services outside of regular classrooms more than 60% of the day:

- Autism programs (e.g., Autism and Asperger's classes);
- Programs aligned with the FLS curriculum (e.g. Special Schools);
- Nonpublic programs (e.g., Ivymount and Kennedy Krieger Institute);
- Emotional disabilities programs (e.g., Bridge);
- Learning centers; and
- Preschool special education programs.

**Table 9: Key Features of Programs Serving Students with Autism Spectrum Disorders, FY11**

Program Categories (and Specific Programs)	Curriculum Focus	Placement by LRE Level	% of ASD Enrollment
<b>MCPS Special Education Programs</b>			
Autism Programs (CAPP, Autism Classes, Asperger's, and Autism Resource Services)	Certificate and Diploma Bound	LRE C/N except for LRE B for Autism Resources	21%
Home School Settings (Resource, HSM, and Hours Based Staffing)	Diploma Bound	LRE A, B, C	20%
Fundamental Life Skills (LFI, S/CB, Special Schools, and Extensions)	Certificate Bound	LRE C or higher	19%
Nonpublic Programs	Certificate and Diploma Bound	LRE G/H/I	13%
Learning Disability Services (LAD and GT/LD)	Diploma Bound	LRE B	11%
Emotional Disability Services (ED Cluster and Bridge Program)	Diploma Bound	LRE C	7%
Learning Centers	Diploma Bound	LRE C	6%
Preschool Education Program (PEP)	Prekindergarten, General Education	LRE N	2%

Sources: MCPS FY12 Program Budget, MCPS Parent Guide to Special Education, MCPS unpublished data on March 10, 2010 ASD Enrollment by Program.

<sup>5</sup> Among LRE levels, school age children who receive special education services outside of the regular classroom for less than 21% of the day are **LRE A**; those outside of the regular classroom for 21-60% of the day are **LRE B**, those outside the regular classroom for over 60% of the day are **LRE C**. Also, **LRE F** refers to school age children served in a public day school for students with disabilities; **LRE G/H/I** refers to school age children served in nonpublic day schools for students with disabilities or residential placements; and **LRE N** refers to preschool students who receive all of their special education services in educational environments designed primarily for children with disabilities housed in regular school buildings or other community-based settings.



Additionally, Table 9 shows that likely half of all MCPS students with ASD are served in special education programs that align with the Fundamental Life Skills curriculum and lead to a certificate of completion rather than a regular high school diploma.<sup>6</sup> These include the FLS programs and Autism classes under Autism Programs.

### 3. Budgeted Staffing Levels of Special Education Programs

Table 10 synthesizes data on budgeted staffing levels of MCPS' special education programs that serve students on the autism spectrum by providing information by program on the following:

- Recommended program class size (i.e. number of students) from the MCPS Capital Improvement Program (i.e., Program Capacity and Room Use Tables by cluster);
- Budgeted professionals (teachers and other professionals) and paraprofessionals referenced in FY 2010 Special Education Staffing Plan;
- Budgeted enrollment from MCPS FY11 Program Budget; and
- Student to staff ratio calculated as the ratio of projected enrollment to budgeted staff (professional and paraprofessionals).

**Table 10: FY11 Staffing Levels of Special Education Programs**

Programs	Program Class Size	Budgeted Professionals*	Budgeted Paraeducators	Budgeted Enrollment	Student to Staff Ratio
Autism Programs	6	66.0	140.9	370	1.5
Home School Programs	13	522.3	271.2	6,724	8.5
Fundamental Life Skills Programs	6 to 10	235.9	250.5	1,370	2.8
Learning Disability Programs	13 to 15	259.8	216.5	2,846	6.0
Emotional Disabilities Programs	10	101.5	109.9	591	2.8
Learning Centers	10	77.0	57.9	600	4.4
Preschool Special Education	6 to 9	129.4	81.3	1,006	4.8
<b>Total</b>	<b>--</b>	<b>1,391.9</b>	<b>1,128.1</b>	<b>13,507</b>	<b>5.4</b>

\*Budgeted Professionals includes Teachers and Other Professionals, but not Program Support

Sources: MCPS Projected Special Education Enrollment, Services, and Positions, December 2010; MCPS Capital Improvement Program

<sup>6</sup> Calculation based on the majority of students with ASD in Autism Programs and Nonpublic programs (approximately 32% of all students with ASD) being enrolled in FLS aligned settings combined with students with ASD in FLS-specific programs (19% of all students with ASD).

A review of the data compiled on Table 10 demonstrates that:

- Small class sizes are a central feature of special education programs serving students on the autism spectrum. Class sizes range from a low of six students per class for most Autism and FLS programs to a high of 13 to 15 students for Learning Disability and Home School program classes.
- Small class sizes in special education are further supplemented by low student to staff ratios. Across programs serving students on the autism spectrum, on average each class is staffed at one position per 5.4 students.
- MCPS relies on professionals and paraeducators to achieve low student to staff ratios among the smallest classes. Specifically, paraeducators outnumber professional staff two to one for autism programs; FLS and emotional disability programs employ on average one paraeducator per professional; and the remaining special education programs employing on average one paraeducator per 1.5 professionals.

## **B. ASD Program Costs**

This section describes average per student costs of special education programs serving students with ASD and the combined special education costs of programs that serve students with ASD.

As noted at the beginning of this chapter, MCPS students on the autism spectrum often receive services in addition to special education. These services can include related services (e.g., speech and/or occupational therapy), transportation, enrollment in regular general education courses, and administrative supports for special and regular education. As such, the description of per student special education costs and total special education costs for students on the autism spectrum does not reflect the total costs of delivering educational services to these students.

Table 11 on the next page describes total ASD costs by program and average special education costs per student with ASD by compiling data on the following measures:

- Current autism enrollment by special education program provided by MCPS;
- Average costs per student by special education program, imputing the costs of employee benefits at 35% of the cost of special education program (excluding Nonpublic Placements and the Autism Waiver Program); and
- Total costs of special education for students on the autism spectrum by multiplying ASD enrollment by per student special education costs by program.

Several key findings emerge from the analysis of Table 11:

- MCPS' total cost of special education programs serving students with ASD was \$52 million for FY11 including the estimated costs of employee benefits.
- The FY11 cost of the Autism Waiver Program is estimated at \$10 million.
- Budgeted costs for special education programs serving students on the autism spectrum averaged \$33,000 per student for FY11.

- Budgeted special education costs range from a high of \$73,000 for students on the spectrum in nonpublic placements to a low of \$12,000 for students in home school special education placements.

**Table 11: FY11 Special Education Costs by Program and Average Costs per Student on the Autism Spectrum<sup>7</sup>**

Program	ASD Enrollment	Total Program Costs	Average Costs per Student
<b>Special Education Programs</b>			
Autism Programs*	371	\$12,200,000	\$33,000
Home School Programs	355	\$4,200,000	\$12,000
Fundamental Life Skills Programs	328	\$9,700,000	\$30,000
Nonpublic Placements	217	\$15,800,000	\$73,000
Learning Disability Programs	191	\$2,500,000	\$13,000
Emotional Disabilities Programs	113	\$2,700,000	\$24,000
Learning Centers	107	\$1,800,000	\$17,000
Preschool Special Education Programs	37	\$750,000	\$20,000
Autism Consultations*	--	\$1,350,000	--
<b>Total**</b>	<b>1,735</b>	<b>\$ 52,000,000</b>	<b>\$33,000</b>
<b>Medicaid Assistance Programs</b>			
Autism Waiver Program	200	\$10,000,000	\$50,000

\*Autism Program per student costs excludes cost of consultation services (i.e. Autism Consultations) estimated at 10% of total Autism Program costs. Autism Consultations includes these costs. Costs rounded to nearest thousand; fringe calculated as 35% of MCPS special education program costs. Autism Waiver Program excluded from Weighted Average Cost calculation.

Sources: OLO calculations of data from FY11 Current Budget and Program Enrollment described in FY12 MCPS Recommended Program Budget, MCPS unpublished data on March 10, 2010 ASD Enrollment by Program, and MCPS provided estimates of per pupil costs for nonpublic placements and autism waiver services for students on the autism spectrum.

<sup>7</sup> The average per student cost in Table 11 is also used to calculate per student costs for 16 students with ASD whose placement was unknown on March 10, 2011.

## Chapter VII. MCPS Strategic Planning Impacting Autism Services and Programs

In 2010, the U.S. Department of Commerce awarded MCPS the Baldrige National Quality Award for performance excellence in 2010. This chapter describes MCPS' management and strategic planning for autism services and programs utilizing the Malcolm Baldrige System for improvement as follows:

- **Part A, MCPS' Strategic Plan**, describes the core elements of MCPS' strategic plan;
- **Part B, Baldrige Integrated Management System**, describes key features of the Baldrige System for Performance Management (i.e. the Baldrige Education Criteria); and
- **Part C, Baldrige and MCPS**, describes MCPS' use of the Baldrige Education Criteria to support school improvement and central office strategic planning targeting the continuous improvement of special education services.

Several findings emerge from the information and materials reviewed in this chapter.

First, MCPS employs several strategic planning efforts that directly and indirectly target improved outcomes among students with ASD. According to MCPS, a single strategic plan for all students with ASD is impractical because such students are served in a variety of placements (see Chapter 6).

Second, DSES and OSES have provided staff support and developed materials to inform school-based school improvement planning aimed at improving outcomes among students with disabilities, including students with ASD.

Third, OSESS, DSES, and its units employ a number of strategic planning strategies aligned with the Baldrige Categories for Building an Integrated Management System whose key features include:

- Mission statements, strategic goals, and action plans;
- Systems for understanding and gauging progress in meeting student and stakeholder needs;
- Professional development systems to enable staff to reach strategic goals; and
- Measurement and data systems to track organizational progress on key indicators.

Fourth, although OSESS, DSES, and its units track data in implementing their specific strategic plans, the school system does not currently track the performance of students with ASD as a group disaggregated from students with disabilities overall.

Finally, while the strategic plans for each of the DSES Units serving students with ASD (including the Autism Unit) include professional development, few include assessments of the need for professional development among MCPS staff relative to children/students with ASD; and none of the plans require specific training for staff serving children/students with ASD as Tier 1 trainings.

### A. MCPS' Strategic Plan

MCPS strives to achieve continuous improvement, performance excellence, quality, and equity for all students. To express this, MCPS' strategic plan, *Our Call to Action*, states the following core values:

- MCPS is committed to ensuring that every child, regardless of race, ethnicity, gender, socioeconomic status, language proficiency, or disability, learns and succeeds.

- Student outcomes shall not be predicted by race or ethnicity.
- MCPS has high expectations for all and believes that every child can learn at high levels.
- Every student is a unique learner and MCPS will tailor instruction to meet the learning needs of each student.
- A comprehensive early-years program is critical for students to acquire the knowledge and skills necessary to be successful in reading, writing, and mathematics.
- The pursuit of excellence for all students requires providing our neediest students with the extra support necessary to attain rigorous targets.
- MCPS demonstrates commitment to continuous improvement by reviewing, evaluating, and improving our work and monitoring student performance data.
- MCPS is committed to a culture of respect that includes fair treatment, honesty, openness, and integrity.

MCPS' strategic plan, *Our Call to Action: Pursuit of Excellence*, focuses on five strategic goals:

1. Ensure success for every student;
2. Provide an effective instructional program;
3. Strengthen productive partnerships for education;
4. Create a positive work environment in a self-renewing organization; and
5. Provide high-quality business services to support the educational success of students.

In 2010, the U.S. Department of Commerce awarded MCPS the Baldrige National Quality Award for performance excellence. This award recognized MCPS' development of a management system for continuous improvement based on Baldrige performance management principles described below.

## **B. Baldrige Integrated Management System**

The Baldrige Education Criteria for Performance Management Excellence Framework provides a systems perspective for continuous improvement. According to National Institute for Standards and Technology, the benefits of this framework include helping educational systems to think and act strategically; align processes with resources; engage the workforce, students, and stakeholders of educational organizations; and to plan, perform, and measure results in an uncertain environment.

The Baldrige Performance System is comprised of six categories that define the processes and the results that an educational system desires to achieve. These six categories are divided into two "triads." Three categories comprise the leadership triad: **Leadership, Strategic Planning, and Customer Focus**. These categories emphasize the importance of a leadership focus on students, stakeholders, and strategy.

Three additional categories comprise the results triad: **Workforce Focus, Operations Focus, and Results**. The organization's workforce and key operational processes accomplish the work of the organization that yields overall performance results. The leadership and results triads point toward results that represent a composite of outcomes for five criteria (i.e. student learning, customer-focused, workforce-focused, leadership, and budgetary outcomes).

Lastly, the performance system has as its underlying foundation **Measurement, Analysis, and Knowledge Management** which ensures that the management of an organization is fact-based and knowledge driven to improve organizational performance and competitiveness.

Table 12 describes the seven key features of the Baldrige Integrated Management System codified as the Baldrige Education Criteria and the key questions considered by the Baldrige Team reviewers.

**Table 12: Key Features of Baldrige Education Criteria**

Baldrige Criterion	Description	Key Reviewer Questions
Leadership (120 points)	Addresses how senior leaders' actions guide and sustain organization, vision, values, and performance expectations.	<ul style="list-style-type: none"> <li>• How do senior leaders lead?</li> <li>• How do senior leaders govern and fulfill societal responsibilities that include legal and ethical behavior?</li> </ul>
Strategic Planning (85 points)	Addresses strategic and action planning, implementation of plans, and how adequate resources to accomplish the plans are ensured, how accomplishments are monitored and sustained or changed if required.	<ul style="list-style-type: none"> <li>• How does the educational organization develop its strategy?</li> <li>• How does the educational organization convert its strategic plan into action plans that respond to short-term and long-term objectives?</li> </ul>
Customer Focus (85 points)	Addresses how the organization engages its customers with a focus on listening to and supporting them, determining their satisfaction, offering the right programs and services, and building relationships that result in loyalty to the organization.	<ul style="list-style-type: none"> <li>• How do you obtain information from your students and stakeholders (inclusive of parents and employees)?</li> <li>• How do you engage students and stakeholders to service their needs and build relationships?</li> </ul>
Measurement, Analysis, and Knowledge Management (90 points)	Examines how the organization selects, gathers, manages, and improves its data, information, and knowledge assets and how it manages its information technology; serves as the "brain center" for the Baldrige framework.	<ul style="list-style-type: none"> <li>• How does the organization measure, analyze, and then improve organizational performance?</li> <li>• How does the organization ensure the quality and availability of needed data and information for its stakeholders?</li> </ul>
Workforce Focus (85 points)	Examines the organization's ability to assess workforce capability and capacity needs to build a workforce conducive to high performance and aligned with the organization's mission, strategy, and action plans.	<ul style="list-style-type: none"> <li>• How does the organization manage workforce capability and capacity to accomplish its work?</li> <li>• How does the organization develop members of its workforce, including leaders, to achieve high performance?</li> </ul>
Operations Focus (Process Management) (85 points)	Addresses how the work of the organization is accomplished, and examines how the organization designs, manages, and improves its key work processes and the work systems of which they are a part.	<ul style="list-style-type: none"> <li>• How do your work systems enable your organization to adapt flexibly and effectively to changing demands?</li> <li>• How do you improve your work processes to achieve increased student learning, reduce variability, and improve educational services?</li> </ul>
Organizational Performance Results (450 points)	<p>Description of Criterion and Performance Result Categories:</p> <p>Provides "real time" measures of progress for evaluation in the following categories:</p> <ul style="list-style-type: none"> <li>• Student learning and process outcomes (120 points) inclusive of student learning and program performance measures (e.g. student assessments, customer surveys)</li> <li>• Customer-focused outcomes (90 points) including measures of student and stakeholder satisfaction (e.g. enrollment changes, complaints)</li> <li>• Workforce-focused outcomes (80 points) inclusive of workforce capability, capacity, and climate measures (e.g. absenteeism, turnover)</li> <li>• Leadership and governance outcomes (80 points) inclusive of measures of fiscal accountability, stakeholder trust and ethical behavior (e.g. safety, integrity of testing)</li> <li>• Budgetary, financial and market outcomes (80 points) inclusive of measures of financial sustainability and market achievements (e.g. costs per student and income)</li> </ul>	

Source: 2011-2012 Baldrige Education Criteria for Performance Excellence

## C. Baldrige and MCPS

The introduction of the Baldrige practices and principles in MCPS began with the Baldrige in Education Initiative, a national effort to restructure the K-12 education system to improve student performance by using the Baldrige Education Criteria as a framework. MCPS applied for a Goals 2000 Grant to become one of six counties in Maryland to receive grant funding to implement the Baldrige Criteria. As a result, the Baldrige self-assessment was used by the Board of Education to shape the *Our Call to Action: Pursuit of Excellence* strategic plan adopted in 2001.

This section describes MCPS efforts to implement Baldrige practices and principles in two parts:

- **Part 1, Strategic Planning for School Improvement**, describes the efforts MCPS has undertaken to enhance and align its school improvement efforts with the Baldrige framework. These efforts include the Office of Special Education and Student Services' (OSESS) school improvement efforts aimed at improving outcomes among of students with disabilities.
- **Part 2, Central Office Strategic Planning**, describes the additional efforts that OSESS has undertaken to improve special education services overall and among students with ASD in particular by aligning its departmental strategic planning efforts to the Baldrige framework.

### 1. Strategic Planning for School Improvement

Since 2002, MCPS has taken several steps to implement the Baldrige framework throughout the school system. Much of this effort has focused on enhancing the school improvement process. Specific efforts have included providing Baldrige training, developing a Baldrige website, and having each MCPS central office develop strategic plans (also known as “linkages charts and action plans”) that are aligned with *Our Call to Action: Pursuit of Excellence*. The efforts have culminated in the development of a Baldrige-guided school improvement planning process that is utilized by administrators in each MCPS campus.

Table 13 describes the Baldrige Categories for Building an Integrated Management System (i.e. Baldrige Education Criteria) and their application at the school level.

**Table 13: Baldrige Categories for Building an Integrated Management System**

Categories	Key Questions Addressed by Category	Characteristics at the School Level
Leadership	<ul style="list-style-type: none"> <li>• How does school leadership address the school's values, directions, and performance expectations?</li> <li>• How does school leadership focus on students and stakeholders, student learning, staff empowerment, innovation, agility, and organizational learning?</li> </ul>	<ul style="list-style-type: none"> <li>• The school leadership team has processes in place for monitoring and communicating the school's or classroom's mission, goals, and action plans.</li> <li>• Those in leadership positions work with stakeholders to help create the mission to support a high performing organization focused on continuous improvement.</li> </ul>
Strategic Planning	<ul style="list-style-type: none"> <li>• How are strategic goals/objectives and action plans developed?</li> <li>• How is progress measured?</li> </ul>	<ul style="list-style-type: none"> <li>• Processes are in place for the development of strategic, measurable goals based on students' needs and stakeholders' levels of satisfaction.</li> <li>• Action plans are developed to achieve the goals and as a means of assessing progress.</li> </ul>

**Table 13: Baldrige Categories for Building an Integrated Management System, Continued**

Categories	Key Questions Addressed by Category	Characteristics at the School Level
Student and Stakeholder Focus	<ul style="list-style-type: none"> <li>How are the academic needs of student determined?</li> <li>How does the school build relationships that lead to student and stakeholder satisfaction?</li> </ul>	<ul style="list-style-type: none"> <li>The school has processes in place for determining students' academic needs.</li> <li>The school also has processes in place for determining levels of satisfaction among its students and stakeholders.</li> </ul>
Measurement, Analysis, and Knowledge Management	<ul style="list-style-type: none"> <li>How does the school select, gather, analyze, manage, and improve its data, information, and knowledge assets?</li> </ul>	<ul style="list-style-type: none"> <li>The school collects and analyzes data to drive fact-based decision making to support continuous improvement of student achievement.</li> <li>Assessments are used to monitor the effectiveness of organizational systems, staff training, and stakeholder satisfaction.</li> </ul>
Faculty and Staff Focus	<ul style="list-style-type: none"> <li>How does the school develop the potential of their staff in alignment with the school's overall goals?</li> <li>How does the school build and maintain a work climate conducive to performance excellence and growth?</li> </ul>	<ul style="list-style-type: none"> <li>The school has processes in place to determine education and training needs of all staff members to support strategic goals and action plans.</li> <li>The school also evaluates the training, well-being, and levels of satisfaction of all staff members.</li> </ul>
Process Management	<ul style="list-style-type: none"> <li>What are the key aspects of the school's process management that create value for the student, stakeholders, and the school?</li> </ul>	<ul style="list-style-type: none"> <li>The school has well-defined, well-designed, and well deployed processes, enhanced by a Plan, Study, Do, Act (PDSA) cycle and quality tools, to monitor and analyze key components of the school improvement plan.</li> </ul>
Organizational Performance Results	<ul style="list-style-type: none"> <li>What is the school's performance and improvement for: (a) student learning results, (b) student- and stakeholder-focused results; and (c) staff and leadership results?</li> <li>What are the school's performance levels relative to peers?</li> </ul>	<ul style="list-style-type: none"> <li>The school has processes and measures in place that allow all stakeholders to determine how well the school is doing in relation to student, staff, and stakeholder needs, strategic goals, and the performance of other schools.</li> </ul>

Source: MCPS

**OSESS/DSES Support for School Improvement.** Since the passage of No Child Left Behind and the designation of MCPS schools as in “need of improvement” because they did not meet annual benchmarks for student performance, OSESS and DSES have provided assistance to MCPS schools aimed at improving outcomes in special education.

The Office of School Performance in collaboration with OSESS/DSES implemented school improvement efforts to support Achievement Steering Committee teams that assisted schools in Year 2 or more of school improvement. These teams included school and central office general and special education personnel to support data-driven decision making aimed at moving schools out of school improvement status.

Through their support of the Achievement Steering Committee teams, OSESS/DSES developed the *Guide to Planning and Assessing School-Based Special Education Programs* as a resource for school improvement. This six-page guide, included in the annual *Special Education at a Glance* publication, is designed to help school improvement teams better understand “how to engage in the continuous improvement of special education services in their schools.” The guide is organized around 11 questions considered key to guiding schools toward improved special education outcomes:



- What are the features of special education programs and services in my building?
- What students receive special education services in my building?
- How mobile are students in my school who are receiving special education services?
- What is the attendance rate of students receiving special education services in my school?
- Which assessment accommodations are provided to students receiving special education?
- How are students who receive special education performing on report cards, state, and local assessments (e.g. Maryland State Assessment)?
- What are the graduation rates for students receiving special education in my school?
- What special education services and supports do students receive in my school; are they effective?
- Where are students who receive special education being educated?
- How do parents and teachers of students who receive special education services perceive the MCPS school environment?
- What mental health and behavioral interventions are used in my school?

## **2. Central Office Strategic Planning**

Beyond assisting local school improvement efforts, OSESS, DSES, and each of their units have also developed their own strategic plans. Like all MCPS offices and departments, the OSESS and DSES strategic plans are linked to MCPS' overarching strategic plan, *Our Call to Action*. These plans are codified as "linkages charts" that describe the strategic efforts aligned to Baldrige Education Criteria. Each chart describes the mission of the department/unit and addresses the relationships between the components of the Baldrige framework.

Of note, while the OSESS, DSES, and its units' linkages charts are updated each summer and action plans are developed, MCPS does not view these plans as final as the continuous improvement process leads to changes and updates in these plans.

The remainder of this section compares the November 2011 strategic plans for OSESS, DSES, and the Autism, Emotional Disturbance Services, Early Intervening Services/Pre-K, and Infant and Toddlers Program Units to the Baldrige Education Criteria. Appendix C describes each of these linkages charts in detail and the requirements for meeting each Baldrige Education Criteria.

**OSESS Strategic Planning.** OSESS' central office strategic plan establishes four global goals:

- Ensure students with disabilities achieve the Annual Measurable Objective used to determine if a school achieves the Annual Yearly Progress Goals established by the Maryland State Department of Education;
- Reduce disproportionate representation in special education classification and suspension trends; and
- Improve outcomes in areas identified by the Maryland State Department of Education as in need of improvement. For FY 2011, these are: (a) complete evaluations within 60 days; (b) reduce suspensions of students with disabilities for greater than 10 days; and (c) improve delivery of related services in two elementary schools identified for corrective action.
- Form a parent outreach committee to systematically develop processes to gather parent feedback to improve services and implement professional development for staff members.

The OSESS Leadership Team has a method for monitoring these goals and planning strategically using action plans which are developed collaboratively. The Leadership Team divides into three smaller teams to work together to analyze data and develop or reassess the goals. The total OSESS Leadership Team consists of 30-35 members – the directors of each OSESS department and division, unit supervisors, instructional specialists, and a data specialist. The coordinator for the Autism Unit also serves on the Leadership Team. Based on self-selection, the overall OSESS Leadership Team divides itself into four smaller teams that align with the four OSESS global goals.

OSESS leadership monitors progress on OSESS’ strategic plan and its action plans at monthly meetings – these include general leadership meetings and special education supervisory meetings. Given the priorities of achieving AYP and reducing disproportionality, OSESS has focused on the issue of equity in its leadership meetings. Toward this end, OSESS received support from the MCPS Equity Initiatives Unit and the Family and Community Partnerships Unit to provide staff training on equity and the Study Circles process and has also facilitated book discussions and trainings related to Glenn Singleton’s *Courageous Conversations About Race*. The OSESS Leadership team also consults with their Principals’ Advisory Committee to gather feedback on specific processes within their strategic plan.

**DSES Strategic Planning.** The overall mission of DSES, according to its leadership linkages chart, is to “provide and monitor the delivery of a comprehensive continuum of services for students with disabilities from birth through age 21 in order to improve student achievement for all students with disabilities and ensure access to MCPS curricula in compliance with the Individuals with Disabilities Education Improvement Act of 2004 and the No Child Left Behind Act of 2001.”

Table C-1 in Appendix C describes the Integrated Management System for DSES by comparing the requirements for each Baldrige Education Criteria to DSES practices described in their linkages chart. OSESS and DSES acknowledge that the efforts described in theirs and their units’ linkages charts are the efforts most closely aligned with *Our Call to Action: Pursuit of Excellence* and OSESS’ strategic plan. Many additional data, performance, and process reviews also occur on an ongoing basis and are not necessarily reflected in their linkages charts.

A comparison between DSES’ linkages chart and the Baldrige standards of practice suggests that the DSES strategic plan closely aligns with the Baldrige Performance Management Framework. The DSES practices articulated within their linkages chart particularly suggest the effective implementation of the following Baldrige Education Criteria:

- Leadership, evidenced by DSES’ participation in the OSESS Leadership Team and use of the supervision meetings to communicate departmental priorities and progress;
- Strategic planning, evidenced by the identification of measurable and specific performance goals for student outcomes;
- Customer Focus, evidenced by establishing the Special Education Advisory Committee; and
- Process Management, evidenced by the number of key DSES work processes that have been documented and enhanced by the Plan, Do, Study, Act process (see example on next page).

***Using the Plan, Do, Study, and Act Process to Focus on Customers***

MCPS uses the PDSA process to evaluate key processes and their effectiveness. One process implemented that followed PDSA was the distribution of the Individualized Education Plan (IEP) parent feedback cards.

DSES recognized there was a need to survey parents of students in middle school on the IEP process for their child. The middle school years are often viewed by parents as a challenging transition period for many students with disabilities. The cards were distributed at the IEP meeting to parents of students with disabilities at all middle schools beginning in February 2010 as a pilot. The prepaid postcards asked parents to rate their IEP team meeting.

The IEP Parent Feedback Cards provided a means for parents to inform staff in DSES about their impressions of, and satisfaction with, the IEP meeting process. Responses were to be used to inform critical continuous improvement efforts. Extensive stakeholder feedback was obtained in the development of the card, including feedback received at the October 2010 Middle Schools Principals Professional Learning Community meeting and the cards were discussed at a Special Education Advisory Committee meeting.

OSESS reviewed the feedback from the cards that were returned and used PDSA to determine that additional processes were needed to gather parent feedback. The return rate on the feedback cards was lower than what was anticipated which resulted in the need to implement different strategies to understand and gather parent perceptions of the IEP team process.

OSESS also included a goal in their strategic plan to form a parent outreach committee to systematically develop processes to gather parent feedback as a way to improve services and implement professional development for staff members. As a result of including this goal on the OSESS strategic plan, a parent outreach committee was formed.

The parent outreach committee is comprised of staff members from OSESS, staff members from the Department of Family and Community Partnerships, the Office of School Performance, and parents of students with disabilities and is scheduled to meet monthly starting this year. The OSESS leadership team is developing an action plan that the parent outreach committee and the leadership team will monitor to improve and implement strategies to improve parent outreach. OSESS anticipates using a variety of strategies to gather parent feedback such as focus groups and parent surveys as a way to improve communication.

Source: MCPS, OSESS

The alignment between the DSES linkages chart and Baldrige framework for Measurement, Analysis and Knowledge Management as shown by the use of data systems to track progress on action plans and performance outcomes suggests that DSES also has the capacity to track and analyze its progress in achieving outcomes for students with ASD. DSES, however, was unable to provide disaggregated performance data for students with ASD as requested. This data “gap” reflects two realities:

- DSES does not have a strategic plan specific to students with ASD, in part because its central office strategic plans are “placement based” rather than “disability based” with students with ASD served in a variety of placements as noted in Chapter 6.
- OSESS/DSES does not routinely collect performance data by specific disability type because, according to MCPS, the complex task of trying to report common data points by disability group likely outweighs any benefit that these data points might provide.

So, while OSESS/DSES often relies on data to identify and address strategic concerns, it does not do so in a way that targets improvements by disability group or code. Instead, OSESS/DSES relies on individual student data to track individual student progress (i.e. individualized education plans) and state accountability measures to track the progress of students with disabilities overall.

**DSES Professional Development.** Professional development serves as a key component of both the Baldrige framework (Workforce Focus) and the DSES strategic plan (see page 59). To understand DSES' priorities for professional development, OLO requested and received information on DSES' trainings.

DSES offers two types of professional development to reach its strategic goals. DSES offers required Tier 1 courses four to six times a year where participants are paid their regular rate to attend or substitutes are provided if the training takes place during the school day. DSES also offers voluntary Tier 2 trainings that offer teachers a \$20 stipend and paraprofessionals a \$15 stipend to participate.

Table 14 lists the Tier 1 and Tier 2 trainings DSES offered this past summer; Table 15 on the next page lists the trainings for 2011-12. Additionally, DSES holds monthly meetings with Resource Teachers of Special Education and school-specific training.

This past summer, DSES offered three required courses and nine voluntary courses.<sup>1</sup> DSES notes that their voluntary courses are often oversubscribed with more registrants than spaces, especially its trainings focused on serving students with ASD. DSES also notes that it targets its school-based professional development to schools with the greatest needs and that much of the training delivered over the past two years relied on federal stimulus dollars that expired September 2011.

**Table 14: Department of Special Education Services Professional Development, Summer 2011**

Name of Training	Dates
<b>Tier 1 Professional Development (Required)</b>	
Collaborative Cycle of Planning for Elementary Teams (Grades 2-5)	July 12-13, 18-19; August 3-4; 8-9
Co-Teaching Secondary Special Educators and General Educators and priority staff	July 18
Crisis Prevention Institute Training of Trainers	July 26-29
<b>Tier 2 Professional Development (Voluntary)</b>	
Supporting Students with Autism in General Education Classrooms	July 12, 13, & 14
Best Practices for Supporting Students with Autism	July 12-14
Strategies and Tools for Teachers and Paraeducators Serving Pre-K Students with Disabilities	July 6 & 7
Special Education Teacher Training: Assessment Tools for Pre-K Special Education Services	July 21
New LRE Decision Making Determinations for Pre-K Students with Disabilities	July 12 & 28
InterACT-AAC Strategies	July 13
InterACT-Visual Phonics	July 20-21
Transition Services	August 10 & 18
Best Practices for Students with Intellectual Disabilities	July 12, 14, 19, & 21

Source: MCPS, DSES

<sup>1</sup> DSES also offers additional training during the school year and provides substitutes to enable staff participation.

**Table 15: Department of Special Education Services Professional Development for 2011-12**

<b>Session Titles for Voluntary Tier 2 Trainings, Dates to be Determined</b>	
•	Proactive and Responsive Behavior Interventions
•	Assessment of the Young Child
•	Pre-K Collaboration
•	Intensive Needs Teachers' Training
•	E-Tips Sessions (Boardmaker, Intellitools, Clicker5)
•	Summer Professional Development for Autism/Intellectual Disabilities
•	Initial Medical Assistant Certification Training
•	Medical Assistant Certification Updates
•	Professional Development on Instructional Technology
•	Physical Disabilities Teacher Meeting
•	Alternate Maryland State Assessment (Alt-MSA) Training
•	New Educator Orientation Session (Extended School Year, Compliance, Specific Learning Disability Guidelines)
•	Academic Interventions
•	Elementary Learning Center Staff – Professional Development on Best Practices

Source: MCPS, DSES

**Autism Unit Strategic Planning.** The DSES Autism Unit serves students with ASD in Autism Programs (e.g. Autism and Asperger's classes) and in non-Autism placements if they are in need of consultative services. The Unit's vision is "Preparing for Independence" and its mission is to "establish and monitor a continuum of educational services for students with ASD ages three through 21 while ensuring students access to appropriate MCPS curricula in the LRE for each individual." Thus, the Autism Unit linkages chart, described in detail on Table C-2 in Appendix C, comes closest to serving as MCPS' strategic plan for serving students with ASD.

A comparison between the Autism Unit's linkages chart and the Baldrige standards of practice suggests that the Autism Unit's strategic plan closely aligns with the following Baldrige criteria:

- Leadership, evidenced by the Autism Coordinator's participation in the OSESS Leadership Team, monthly Autism Unit meetings, and Autism Team quarterly meetings with teachers assigned by the Autism Unit;
- Process Management, evidenced by the number of key Autism Unit work processes that have been documented; and
- Customer and Staff Focus, evidenced by this unit's initial efforts to develop processes for measuring parental satisfaction and professional development.

The comparison between the Autism Unit's linkages chart and Baldrige standards of practice also suggests the opportunity to hone this unit's strategic plan across three criteria to focus on specific measures of student performance beyond placement: Strategic Planning; Measurement, Analysis and Knowledge Management; and Organizational Performance Results. Greater attention to these criteria would enable this unit's strategic plan to move from a process-oriented perspective (e.g. did staff like the training they received) to a plan more focused on student results.

**Autism Unit Professional Development.** The Autism Unit's list of staff trainings summarized in Table 16, below, offers some perspective on what specific strategies the Autism Unit considers necessary to improve outcomes among students with ASD. These strategies include improving staff awareness of ASD, crisis management for students with disabilities, and supports for students with ASD in general education. These sessions are offered as voluntary Tier 2 trainings.

Of note, neither the Autism Unit nor MCPS requires any specific training for teachers or other staff who work with students with ASD. As noted above, the Autism Unit is currently working on a process to create, deliver, and evaluate its professional development for school and central office staff. It remains unclear whether the Autism Unit has had or will have enough resources to offer the level of professional development and training to staff necessary to meet its strategic goals.

**Table 16: Professional Development for Students with Autism Spectrum Disorders, 2010-11**

Topic	Session Dates	Hours	Participants and/ or Location
<b>Tier 2 Professional Development</b>			
Supporting Students with Asperger's	January 25, 2010; November 1, 2010	3	Paraeducators
Working with Students with Severe Disabilities	January 25, 2010; January 11, 2011	3	Paraeducators
Proactive and Responsive Interventions for Special Populations	January 25, 2010	3	Paraeducators
Working with Students on the Autism Spectrum in General Education Settings	January 25 and November 1, 2010 and January 24, 2011	3	Paraeducators
Serving Students with ASD in General Education	November 8, 2010	1.5	School staff
Crisis Management for Students with Disabilities	August 26, 2010	5	Security Teams
Serving Students with ASD	August 26, 2010	2	<i>Rock Terrace</i>
Autism 101	August 26, October 11, & December 21, 2010; January 24, 2011	1-2	Variety of school staff
Autism 101/Fundamental Life Skills	October 1 and 22, 2011	1	School staff
CAPP Instructional Practices	August 30 – September 2, 2010; February 22, 2011	24	CAPP Staff <i>Maryvale ES</i>
Proactive & Responsive Intervention for Unique Populations	September 22 and 28, 2010	3	Teachers <i>Ewing Center</i>
Proactive & Responsive Interventions for Students with Intellectual Disabilities & Autism	November 1, 2010	3	Paraeducators
Surface Management Techniques	November 1, 2010	3	Paraeducators
Autism: Elementary Autism Staff Only	November 1, 2010	7	Paraeducators
Autism: Secondary Autism Staff Only	November 1, 2010	3	Paraeducators
Best Practices for Autism Spectrum Disorders/Autism Program (Elementary)	December 7 and 14, 2010	3	Autism Teachers
Teaching Students with ASD and Other Significant Disabilities	December 7, 2010; February 23 and 25, 2011	3-6	PEP Teachers & Paraeducators
Reading Support for Students with ASD	December 14, 2010	2	Teachers

**Table 16: Professional Development for Students with Autism Spectrum Disorders, 2010-11, continued**

Topic	Session Dates	Hours	Participants and/ or Location
<b>Tier 2 Professional Development</b>			
Strategies for Increasing Achievement of Students with ASD	February 1 – 8, 2011	48	Teachers <i>Rock Terrace</i>
Crisis Management for Unique Populations	January 24, 2011	3	Paraeducators
Intensive Instruction for Paraeducators in the Autism Program (Elementary Only)	January 24, 2011	3	Paraeducators
Supporting Infants and Toddlers with ASD	January 24, 2011	2	Infants & Toddlers Staff

Source: MCPS, DSES

**Emotional Disabilities Services (ED) Unit Strategic Planning.** The ED Unit serves a sizable portion of MCPS' ASD enrollment, particularly at the secondary level in the Bridge Program. According to their linkages chart, the mission of the ED Unit is to “develop comprehensive services and supports throughout the county for students whose emotional, social, and behavioral challenges are interfering with their ability to access the curriculum.” Their strategic plan further states that “through the use of the interdisciplinary team, we empower staff to reach and teach students” with disabilities within the least restrictive environment. Table C-3 in Appendix C compares the Baldrige Criteria for Education to ED Services Linkages Chart.

A comparison between that ED Services' linkages chart and the Baldrige standards of practice suggests that the ED Services Unit strategic plan closely aligns with each of the criteria for Baldrige Performance Management Framework except Process Management. More specifically, the ED Services strategic plan aligns with the following Baldrige criteria:

- Leadership, evidenced by the ED Unit Supervisor's participation in the OSESS Leadership Team, and the ED Unit's ongoing discussions about student achievement, race, and equity;
- Strategic Planning, evidenced by the identification of measurable and specific performance goals for student outcomes related to placement, suspensions, and use of physical restraints;
- Customer Focus, evidenced by this unit's initial efforts to develop processes for measuring parental satisfaction;
- Measurement, Analysis, and Knowledge Management, as show by the use of data systems to track progress on performance outcomes;
- Staff Focus, as evidenced by professional development focused on enhancing the capacity of staff to reach students whose challenges can interfere with their ability to access the curriculum; and
- Organizational Performance Results, as shown by performance data tracking student outcomes on multiple measures and professional development.

**Early Intervening Services/Child Find/Early Childhood Disabilities Unit Strategic Planning.**

Early Intervening Services/Child Find Unit inclusive of Preschool Education Programs and Infants and Toddlers often serves children with ASD before they become eligible for school-age special education services. According to the EIS/Child Find linkages chart, the mission of the unit is to “identify young children with developmental delays and disabilities, birth to kindergarten, eligible for early intervention or special education services, and to provide and monitor the delivery of a continuum of services for students with multiple developmental delays or disabilities ages 0-5.” Table C-4 in Appendix C compares the Baldrige Education Criteria to this unit’s linkages chart.

A comparison between the EIS/Child Find Unit’s linkages chart and the Baldrige standards of practice suggests that the EIS/Child Find Unit strategic plan closely aligns with each of the criteria for Baldrige Performance Management Framework. More specifically, the EIS/Child Find Unit strategic plan aligns with the following Baldrige criteria:

- Leadership, evidenced by the EIS/Child Find Unit Director’s participation in the OSESS Leadership Team, and the EIS/Child Find team’s data-driven reviews with service teams;
- Strategic Planning, evidenced by the identification of measurable and specific performance goals for student outcomes related to placement, compliance, and school readiness;
- Customer Focus, evidenced by this unit’s convening of the PEP parent feedback/vision group and analysis of parent feedback forms;
- Measurement, Analysis, and Knowledge Management, as show by the use of data systems to track progress on compliance and student performance outcomes;
- Staff Focus, as evidenced by professional development focused on co-teaching, inclusion, and school readiness;
- Process Management, as evidenced by the key EIS/Child Find processes in place; and
- Organizational Performance Results, as shown by performance data tracking student outcomes on compliance, parental satisfaction, and measures of student performance.

**Montgomery County Infants and Toddlers Program (MCITP) Strategic Planning.** MCITP works with the Montgomery County Government’s Department of Health and Human Services (DHHS) to assist families with children between birth and four years of age in their efforts to address their child’s developmental and special needs. Services are delivered through collaboration between DHHS as the lead agency, MCPS, and community partners.

MCITP works with DHHS to “increase the developmental and functional skills of children; increase family knowledge, skills, and satisfaction; meet professional development needs of staff; and expand community partnerships.” Many if not the majority of MCPS students with ASD received infant and toddler services before becoming eligible for early intervening or special education services. Table C-5 in Appendix C compares the Baldrige Education Criteria to the MCITP Unit Linkages Chart.

A comparison between the MCITP linkages chart and the Baldrige standards of practice suggests that the MCTIP Unit strategic plan closely aligns with each of the criteria for Baldrige Performance Management Framework as follows:



- Leadership, shown by MCITP's collaboration with DHHS and work with the Pre-K division;
- Strategic Planning, evidenced by the identification of measurable and specific performance goals for compliance, service, placement, and professional development;
- Customer Focus, evidenced by this unit's focus on increasing parent participation and family linkages to community-based efforts;
- Measurement, Analysis, and Knowledge Management, as shown by the use of benchmarks to track transition, service coordination, and extended IFSP outcomes;
- Staff Focus, as evidenced by professional development linked to need assessment and focus on increasing children's participation in natural environments;
- Process Management, shown by the number of key work processes in place; and
- Organizational Performance Results, as shown by performance data tracking compliance, professional development needs, family survey results, and IFSP educational outcomes.

## **Chapter VIII. Performance Outcomes and Perspectives on Services for Students on the Autism Spectrum**

This chapter describes MCPS' processes for monitoring performance outcomes for students on the autism spectrum, tracking performance data for students with disabilities required under IDEA and NCLB, and shares multiple perspectives on MCPS' current delivery of autism services. This chapter is presented in three parts:

- **Part A, IEP Performance Outcome Practices**, describes how MCPS monitors the performance of children on the autism spectrum who receive services;
- **Part B, IDEA and NCLB Performance Measures**, presents data required by IDEA and NCLB and reported to MSDE to track the performance of services and programs that are aimed at improving the outcomes of children and students with disabilities; and
- **Part C, Staff and Parent Observations**, shares perspectives from MCPS' administrative staff, school-based staff, and parents about what works regarding the current delivery of services for students on the autism spectrum and opportunities for improvement.

Several findings emerge from this chapter:

- At the district level, MCPS tracks the performance of students on the autism spectrum as part of the performance of all students with disabilities, and individual MCPS schools track the progress of individual students on the autism spectrum relative to their IEP. Currently, MCPS does not aggregate data on ASD students only.
- MCPS tracks several performance measures at the County level to comply with state reporting requirements aligned with IDEA and NCLB. These include the participation and performance of students with disabilities on state assessments, graduation and drop out rates among students with disabilities, and special education placements by least restrictive environment levels. These data points are not disaggregated by disability type.
- DHHS also tracks several measures of Part C IDEA<sup>1</sup> performance, but these data points are not disaggregated by specific disability groups either.
- MSDE ranks DHHS high in its administration of the County's Infants and Toddlers Program and MCPS high in its administration of Part B<sup>2</sup> programs after three years of being identified as in Need of Improvement;
- MSDE finds that MCPS failed to achieve annually yearly progress under NCLB based in part on secondary students with disabilities failing to meet state benchmarks.
- Both parents and agency staff interviewed generally have a favorable impression of the Infants and Toddlers Program, preschool special education programs, and the Autism Waiver program. Parents and agency staff also identified communication between agencies and families as program areas warranting improvement.
- Parents and staff, however, often have divergent views about what works well with MCPS' delivery of special education services to school age students on the autism spectrum and opportunities for improvement.

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<sup>1</sup> IDEA Part C mandates that state educational agencies or their designees identify and provide services to families who have children with developmental delays ages 0-3.

<sup>2</sup> IDEA Part B mandates that school systems identify, assess, and provide educational programs to children with disabilities ages 3-21.

## **A. IEP Performance Outcome Practices**

Federal IDEA law requires an Individualized Education Plan (IEP) for every student with a disability between three and 21 who is enrolled in a special education program. Through the IEP process, staff and parents identify measurable academic and functional goals, establish how a child's progress will be measured, and periodically share a summary report of a child's progress in meeting benchmarks or short-term objectives.

Currently, the availability of performance data for MCPS students with autism spectrum disorders consists of information collected as part of each individual student's IEP. To comply with IDEA, MCPS provides parents with Quarterly IEP Reports that update their child's progress across several areas, including participation, organization, and social emotional areas in addition to their progress in core academic subjects.<sup>3</sup>

Besides the IEP Quarterly Reports, other MCPS practices used to routinely monitor and share performance data on student progress with parents include:

- Daily or weekly checks of student progress on specific tasks;
- Journals that are shared with parents nightly regarding progress in class on achievement and behavior goals and assigned work; and
- Databooks that offer a portfolio of work and running record of student progress on specific tasks over a school year.

Overall, MCPS school-based special educators and related service providers routinely collect data to document student progress on IEP goals. At the school level, MCPS uses this data to adjust strategies and short-term objectives if students are not making desired progress. At the district level, however, there is no aggregation of IEP performance data by disability group to discern what works for serving students with specific disabilities or the performance of students by disability group. Nor does MCPS have a strategic plan specific to students on the spectrum.

As described in Chapter 7, MCPS' school improvement and central office strategic planning efforts focus on improving outcomes among students with disabilities broadly rather than among specific subgroups of students with disabilities such as students with ASD.

## **B. IDEA and NCLB Performance Measures**

Another source of performance data for MCPS students on the autism spectrum are the performance measures required under the federal Individuals with Disabilities Education Act (IDEA) and No Child Left Behind (NCLB) Act that are submitted to MSDE annually. More specifically:

- **IDEA** requires MSDE to monitor the performance of its local school systems on several measures and to submit its annual State Performance Plan for IDEA; and
- **NCLB** requires MSDE to track the performance of its local school systems in achieving performance benchmarks by student subgroups that include students with disabilities.

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<sup>3</sup> For more details, see MCPS Form 272-5 (<http://www.montgomeryschoolsmd.org/departments/forms/pdf/272-5.pdf>) and MCPS Form 272-6 (<http://www.montgomeryschoolsmd.org/departments/forms/pdf/272-6.pdf>)

This section describes the data that MCPS submits to MSDE in response to IDEA and NCLB reporting requirements. Since neither IDEA nor NCLB require that states or school systems report performance outcomes by specific disability category<sup>4</sup>, the data in this section describes the performance of students with disabilities as a group (including students with ASD).

## 1. IDEA Performance Measures

MSDE's State Performance Plan for Early Intervention and Special Education tracks 20 indicators of compliance and performance for each local educational agency. Table 17 lists the ten performance indicators and ten compliance indicators tracked. Among these measures, MSDE reviews a subset to determine whether agencies administering Part C and Part B programs comply with the requirements of IDEA. Based on this review, MSDE assigns one of the following determinations to each local agency: Meets Requirement, Needs Assistance, Needs Intervention, and Needs Substantial Intervention.

**Table 17: Indicators for MSDE State Performance Plan**

Performance Indicators	Compliance Indicators
• Youth with IEPs that graduate with diploma	• Rates of suspension and expulsion
• Youth with IEPs that drop out of high school	• Disproportionate representation of ethnic groups in special education due to inappropriate identification
• Participation & performance of students with IEPs on state assessments	• Disproportionate representation of ethnic groups in specific categories due to inappropriate identification
• School-age Least Restrictive Environment (LRE)	• Children with parental consent to evaluate who were evaluated within 60 days
• Preschool LRE	• Children referred to Part C who are eligible for Part B and have an IEP by third birthday
• Preschool children with IEP who demonstrate improvement	• Youth age 16 and above with an IEP that includes measurable annual transition goals
• Parents who report school facilitated parental involvement	• Identification and correction of noncompliance as soon as possible but not later than one year
• Post school outcomes	• Signed written complaints with reports issued that were resolved within a 60 day timeline*
• Hearing requests that went to resolution sessions that were resolved	• Adjudicated due process hearing requests that were adjudicated within the 45 day timeline**
• Mediations held that resulted in agreements	• State reported data are timely and accurate

\*Or a timeline extended for exceptional circumstances with respect to a particular complaint.

\*\*Or a timeline that is properly extended by the hearing officer at the request of either party or in the case of an expedited hearing, within the required timelines.

Source: Minutes from MCPS Board of Education Committee on Special Populations, May 24, 2010

In its most recent local determination letter (May 2, 2011), MSDE gave DHHS' Montgomery County's Infant and Toddlers Program its highest rank of "Meets Requirement" based on 2008-09 school year data. DHHS has earned this rank in prior years as well (e.g. 2007-08 school year).

<sup>4</sup> The exception to this is data requirements by several specific disability codes (e.g. intellectual disabilities, emotional disturbance) to monitor disproportionate representation in special education. Autism enrollment is not tracked on this performance measure.

MSDE's most recent determination letter (May 3, 2011) of IDEA Part B programs also indicates that MCPS currently "Meets Requirements" with three areas that require specific improvement plans:

- Rates of suspension and expulsion,
- Children with parental consent who were evaluated within 60 days, and
- General supervision.

Further, MSDE notes that MCPS' "incredible progress is evident" in that MCPS' Part B programs had earned "Needs Intervention" determination in the past three school years (i.e. school years 2005-06, 2006-07, and 2007-08).

## **2. NCLB Performance Measures**

To monitor MCPS' compliance with NCLB, MSDE assesses the participation and performance of students with disabilities on three sets of state assessments:

- **The Maryland State Assessments (MSA)**, administered in Grades 3-8 for math and reading, and Grades 5 and 8 in science. Modified versions of these assessments (Mod-MSA) are administered to students with disabilities if indicated on their IEP.
- **The High School Assessments (HSA)**, administered as end of course exams for to all diploma-bound secondary students in Algebra, English Language Arts, Government, and Biology. Modified versions of these exams (Mod-HSA) are also offered to students with disabilities if indicated on their IEP.
- **The Alternative Maryland School Assessment (Alt-MSA)**, offered in Grades 3-8 and 10 in math and reading, and Grades 5, 8, and 10 in science, are portfolio assessments designed to measure the academic performance of students with significant intellectual disabilities.

Similar to IDEA data, MCPS collects and reports these data for all students with disabilities and does not break out data by individual disability types. For FY10, the most recent school year, MCPS met its annual yearly progress (AYP) participation benchmarks because 95% or more of every student subgroup, including students with disabilities, was included in its annual assessment. MCPS also met its attendance and graduation benchmarks for all students.

MCPS, however, did not meet its elementary school (Grade 3-5) performance benchmarks in math for its three service subgroups – students receiving special education services, free and/or reduced-priced meals, and English language learner services.<sup>5</sup> Further, MCPS failed to reach its secondary school benchmarks on the MSAs and HSAs in both reading and math for students receiving special education services. Table 18 on the next page describes the performance of students with disabilities on regular, modified, and alternate Maryland State Assessments.

Table 19, also on the next page, describes performance on the High School Assessments for all students compared to diploma-bound students with disabilities. Of note, by Grade 12, nearly all MCPS students met the HSA requirement by passing all four exams, reaching a required combined score across exams, completing a bridge project(s), or receiving a waiver.

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<sup>5</sup> Additionally, MCPS did not meet AYP targets at the middle school level for African American and Latino students.

**Table 18: Percent of MCPS Students Proficient or Above on Maryland State Assessments, FY10**

	MSA's*		Mod-MSAs**		Alt-MSA's***	
Student Groups	Math	Reading	Math	Reading	Math	Reading
<b>Grade 3</b>						
All Students	88.1	87.5	--			
Special Education	63.3	67.6	23.2	24.9	80.2	85.1
<b>Grade 4</b>						
All Students	91.1	91.1	--			
Special Education	66.2	71.5	27.5	32.9	90.5	93.3
<b>Grade 5</b>						
All Students	85.9	93.0	--			
Special Education	60.6	76.2	32.9	35.7	95.3	97.6
<b>Grade 6</b>						
All Students	82.2	90.7	--			
Special Education	48.9	69.0	13.5	35.7	84.7	84.7
<b>Grade 7</b>						
All Students	79.3	88.5	--			
Special Education	51.5	62.6	39.6	32.4	82.8	86.7
<b>Grade 8</b>						
All Students	75.0	88.0	--			
Special Education	42.0	68.7	19.5	54.0	93.8	96.3

\*Students with disabilities, including students with autism spectrum disorders, can participate in the regular MSA with or without accommodations; an assessment in science is also administered Grades 5 and 8 but not reported here.

\*\*Students with disabilities participate in this assessment if indicated in their IEP; an assessment in science is also administered Grades 5 and 8 but not reported here; and

\*\*\*Students enrolled in Fundamental Life Skills/certificate-bound programs participate in this portfolio based assessment; assessments are also administered in Grade 10 and an assessment in science is also administered Grades 5 and 8 but not reported here

Source: Maryland Report Card, 2010

**Table 19: Percent of MCPS Grade 10-12 Students that Met HSA Requirements, FY10\***

	All Students	Students in Special Education
<b>Grade 12</b>	99.9%	99.6%
<b>Grade 11</b>	94.7%	76.6%
<b>Grade 10</b>	94.5%	71.5%

\*Passed all four exams, reached required combined score across all four exams, completed bridge project(s), or received a waiver.

Source: Maryland Report Card, 2010

## **C. Perspectives on Program Performance**

### **1. Perspectives of MCPS and DHHS Staff**

Through interviews with agency staff and school site visits, OLO elicited the perspectives of central office and school-based administrators and staff on what works well and opportunities for improving the delivery of services to children and students on the autism spectrum. While the responses elicited are not necessarily representative of the perspectives of all staff, several themes emerged that are described below. A future evaluation of the County's services for students on the autism spectrum should include surveying a representative group of DHHS and MCPS staff and contractors to further elicit perspectives on what services work well and opportunities for improvement.

**Observations about what works well.** MCPS and DHHS staff offered a variety of answers in response to the question of "What things work well regarding the current delivery of services to children and students on the autism spectrum?" The eight themes that emerged are described below.

- a. Autism Waiver Services works well for those who receive services.** Both MCPS and DHHS staff agreed that the Autism Waiver Program provides extremely beneficial services for the families who receive them. As noted earlier, there is an extensive waitlist across the County and the state for the 45 hours of wrap-around services provided weekly and 168 hours of respite care provided every six months. Specific services include intervention support services, therapeutic integration services, family training, and environmental accessibility services.
- b. Infants and Toddlers Program serves families well.** Both MCPS and DHHS staff also agreed that the Montgomery County Infants and Toddlers Program works well at providing intensive services to children that need them and works well with families to deliver parent education and services for children in a year-round, family focused environment.
- c. The Autism Unit provides valuable consultative services** MCPS' central office and school-based staff noted the high value placed on the Autism Unit's consultative services to schools. Respondents generally concurred that the Autism Unit has highly trained and knowledgeable staff that are responsive to school-based requests for information, training, and services. School-based staff also value the professional development opportunities offered by the Autism Unit.
- d. MCPS offers a variety of placement and service options.** MCPS' central office and school-based staff also cited the variety of placement and service options for students on the autism spectrum as strengths of the County's current delivery of services. Both noted that many families move to the County to access services that are not available among other school systems.
- e. MCPS Social Skills and Resource Classes are effective.** MCPS school-based staff noted the use of social skills classes and resource classes that focus on developing student's organization and executive functioning skills as strengths of the school system's current delivery of services. These courses were viewed as essential to supporting student success and inclusion into regular general education classes.

- f. Other Academic, Technological, and Behavioral Interventions are also effective.** MCPS school-based staff also noted as program strengths the current portfolio of academic and technical interventions available to support learning among students on the autism spectrum. These include access to academic interventions such as Read 180 and FASTT Math, as well as promethean boards, E-writer, and other technological tools that enable students with autism spectrum disorders to access the general education curriculum. DHHS staff also noted the use of behavior management services, particularly when delivered as part of home-based services, as an intervention that works well for students on the spectrum.
- g. Knowledgeable school administrators make a significant difference.** MCPS central office and school-based staff repeatedly acknowledged the valuable role that school-based administrators familiar with special education play in delivering effective school-based services. Those interviewed noted that school administrators knowledgeable of special education were more understanding and supportive of students on the spectrum and better able to accommodate the programming and staff needs of programs serving students with autism spectrum disorders.
- h. Staff collaboration is key to delivering effective services.** Collaboration was cited by MCPS central office and school-based staff as a strength of the school system's delivery of services. The close working relationship across DSES divisions and units (e.g. Autism, Emotional Disturbance, and School Team units) and the six special education supervisors were cited as critical to ensuring appropriate placements and effective services for children on the spectrum. School-based staff also cited collaboration among all school staff, including security and school plant staff, to engage and meet the needs of students on the spectrum.

**Observations regarding room for program improvement.** Eight themes emerged from DHHS and MCPS staff observations on opportunities for improving the current delivery of services to children and students on the autism spectrum.

- a. Increase wrap around and young adult services.** Both DHHS and MCPS indicated a need for more wrap around services for school-age children and programs for young adults as service areas in need of improvement. There are many more needy families than slots available with the Autism Waiver Services, although DHHS does offer some respite and other services to families on the waitlist. Additionally, the demand for adult services also exceeds available funding and DHHS staff report that when there is lag between IDEA and adult services, there is often a regression in skills among young adults with autism spectrum disorders.
- b. Earlier referrals and services for infants and toddlers are warranted.** Both DHHS and MCPS staff indicated the need for earlier referrals of children on the spectrum by medical professionals. Research notes that the earlier the diagnosis and start of applied behavior analysis and other effective interventions, the better the outcomes among young learners with autism spectrum disorders. DHHS also noted the need to increase the number of applied behavior analysis providers for the Infants and Toddlers Program. Currently there is only one contracted provider of services; and the current contracting process was identified as an area in need of improvement.



- c. Better address the emotional/behavior needs of students on the spectrum.** MCPS staff cite the need for better training and more effective strategies to address the emotional and behavioral needs of children on the autism spectrum. MCPS central office and school-based staff note that over time, the emotional needs of students identified as being on the spectrum have increased. As such, while the capacity of schools to address emotions and behaviors have increased as ASD enrollment has grown, the intensity of challenging behaviors and anxiety faced by children on the spectrum has increased as well.
- d. Better address the learning needs of students in the “middle” of the spectrum.** MCPS staff also cited the need to focus additional supports and services for elementary diploma bound students who have “big learning needs” as well other students on the spectrum who take the Mod-MSA’s. MCPS’ programs serving students on the spectrum either align with the Fundamental Life Skills Curriculum or regular general education curriculum. There are many students on the spectrum, however, who are diploma bound but perform at three or more years below their grade level. While there is recognition, particularly at the secondary level, that some students on the spectrum who are diploma bound may need more than four years to meet MCPS’ graduation requirements, there is no specific plan for meeting the needs of students who are in the “middle” of the spectrum. Without enough supports, these students who begin as diploma-bound in elementary school are placed in middle and high school programs aligned with the Fundamental Life Skills curriculum that leads to a certificate.
- e. Enhance resources to support program goals and inclusion.** MCPS school-based staff cited large class sizes, lack of common planning time among general and special educators, and increasing paperwork demands as barriers to better meeting the needs of students on the autism spectrum. Master scheduling, having enough para-educators to accompany students attending regular general education classes, and a lack of extracurricular programs and specialty activity buses for students with autism spectrum disorders attending non-home schools were also cited by MCPS school-based staff as barriers to optimizing inclusion and opportunities for students on the spectrum to excel. MCPS school-based staff also cited a greater need for consults from central office, itinerant staffing, and stipends for mandatory training as additional opportunities for program improvement.
- f. Enhance communication with parents about school-based programs.** Both MCPS school-based and central office staff cited improving communication with parents as an opportunity for program improvement. In particular, MCPS would like to continue to improve its communication with parents so that they, in turn, better understand the value of the continuum of service options and placements for students on the spectrum toward reaching their IEP goals.
- g. Enhance program capacity to address increased ASD enrollment.** MCPS school-based staff repeatedly shared their concerns about the feasibility of growing their own respective special education programs as the County’s autism enrollment grows. Most schools felt as if they were at capacity and could not accommodate an additional influx of students with autism spectrum disorders. Most schools also cited the challenge of staffing up each year to adequately meet student needs. Given the smaller class sizes associated with special education program, increases in special education enrollment create an exponential impact on the demand for program space. Adjusting to ASD enrollment growth is an annual challenge that impacts the school as a whole, and special educators and related staff providers in particular.

- h. Improve outreach to culturally and linguistically diverse families.** Both DHHS and MCPS staff cited the need to improve communication and outreach to culturally and linguistically diverse families to ensure they understand the benefits of the school and community-based services available for children on the spectrum. This included ensuring that families with Autism Waiver slots use the services that are available and families with young children undergoing screenings and assessments for autism take advantage of available services via MCITP and MCPS' special education preschool programs.

## **2. Parents' Perspectives about what works and what could be improved**

OLO conducted two focus group sessions with MCPS parents of children on the autism spectrum<sup>6</sup> to elicit their observations about what works and what opportunities exist for improvement.

Specifically, OLO met with members of the PTSA Special Education Committee, the Autism Society, the Partnership for Extraordinary Minds, and the Special Education Advisory Committee. *Since the meetings were not representative of all parents currently served by County-funded programs that deliver services to students on the spectrum, OLO suggests that a future evaluation of the County's services for students on the autism spectrum include a more broad-based survey of parents' insights.*

**Observations about what works well.** Parents' observations about services for students on the autism spectrum identified early intervention services, services for preschoolers, and MCPS front-line and special education administrators as program strengths. It is worth noting that both parents who voiced strong concerns and parents who generally had favorable views of local programs shared a common perspective on the aspects of current programs and services that work well.

- a. The County's commitment to offer a variety of best practice programs and services for students on the autism spectrum is commendable.** Parents noted that one on one applied behavior analysis and other services MCPS provides to children/students on the spectrum are not offered by some other school systems. Several parents also indicated moving to Montgomery County from other parts of the country to access the services that MCPS makes available to children on the autism spectrum.
- b. Infants and Toddlers Program is strong.** Essentially all parents echoed the same sentiment that the early intervening services available to their children as infants and toddlers with developmental delays were stellar. The parents also remarked on the genuine partnership with MCITP staff evident in the development and execution of the IFSP.
- c. MCPS Special Education Preschool Programs are helpful.** Parents offered uniformly positive praise for MCPS' Comprehensive Autism Preschool Program (CAPP) and its Preschool Education Programs (PEP). Parents remarked on the significant progress their children achieved on language and functional outcomes and perceived that their children were prepared for kindergarten. They also remarked on the exceptional staffing afforded by CAPP (e.g. 1 to 1 staffing) and its alignment with research-based best practices.

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<sup>6</sup> Ten parents participated in the first OLO focus group and approximately 40 parents participated in the second focus group.

- d. Autism Waiver Services are appreciated.** Among those families who are receiving Autism Waiver Services, there was uniform appreciation for the value of the community- and home-based services provided and effective coordination provided by DHHS staff.
- e. For the most part, the Child Find Process is timely and efficient.** Although a couple of parents indicated that the Child Find process was not helpful in identifying their high functioning autistic child as having a disability in a timely fashion, a majority of parents offered considerable praise on the work of the Child Find offices in helping to identify their child(ren)'s eligibility for services in a timely and efficient fashion.
- f. Support of strong front line staff and expertise of central staff is invaluable.** Most parents cited the front-line staffs that deliver services to their children (i.e. teachers, paraeducators, related services personnel) as a significant strength of MCPS' current delivery of services. Several parents characterized their school's front line staff as "angels" who have a special calling to work with children on the spectrum. Several parents also identified the expertise of central office/field-based staff who provide consulting services to schools as particularly skilled and adept in working with students with autism spectrum disorders.
- g. School administrators who are familiar with special education help create more support.** Several parents cited school administrator familiarity with special education and autism spectrum disorders in particular as strengths of MCPS' current delivery of services. From the perspective of several parents, these principals are more adept at responding to the needs of students on the spectrum, supporting inclusion and the special education programs that serve students on the spectrum, and encouraging the larger school community to be supportive of students on the spectrum as well.
- h. Social skills programs used in Asperger's programs and to support inclusion are essential.** Several parents noted as program strengths the provision of social skills programs (e.g. groups, classes) for students on the autism spectrum. These programs were viewed by parents as essential to addressing the social deficits that often characterize students on the spectrum, and students with Asperger's in particular.

**Observations regarding room for program improvement.** A number of parents also identified a variety of areas where additional improvements in local services are warranted. These perspectives are summarized in the 9 themes listed below.

- a. Improve communication with parents, guardians, and school-based staff about the variety of programs and services available to students on the spectrum.** Many parents complained that a "secret society" appears to exist about what programs and services are available to eligible children. Parents spoke at length about the lack of information that is readily available to parents from MCPS at key transition points (e.g. from elementary to middle school). Several also remarked that the system is difficult to navigate, even among the most informed parents.
- b. Enhance training of staff and administrators on best practices for serving students on the spectrum.** Several parents commented that staff trained in special education and general education often lack an understanding of the dimensions of autism spectrum disorders and the skills deficits that need to be addressed. Some parents also complained that some administrators seemed unaware of the needs of students with autism and unwilling to support these programs effectively, including planning the master schedule to encourage inclusion.

- c. **Improve consistency across programs serving students on the spectrum.** There was feedback among parents interviewed that some programs are stronger than others, even if they provide similar services. For example, parents observed that the Bridge Programs at Hoover and Churchill were superior to the paired programs at Gaithersburg Middle and High School. More generally, parents perceived that the strength of each program depends more on school-based staff and administrators than on the central office's vision and support for each program.
- d. **Enhance supports for students to be successful across the LRE continuum.** Many parents reported dissatisfaction with local school placements that are intended to promote inclusion. For inclusive placements, some parents are seeking more paraeducator supports and/or reduced class sizes to afford students on the spectrum the level of support they need to be successful. And for students in self-contained placements, several parents voiced concerns in wanting their students to have the full breadth of experiences and opportunities afforded to "included" students, particularly at the secondary level.
- e. **Value the perspectives of parents and private providers as partners in delivering services for students on the spectrum.** Several parents raised concerns about how they are included in their child's education planning process. They remarked that despite federal mandates to include parents and private service providers in meetings to determine a child's IEP plan and special education placement, their collective input is often ignored either as part of the IEP development process and/or among school-based teams.
- f. **Improve services for school age students on the spectrum, and secondary students in particular.** Many parents of older elementary children, secondary students, and young adults who receive autism services complained that the quality of services diminishes as the child ages. This seems to be especially the case among students with Asperger's or autism not otherwise specified. Parents' desire improved services and program options for school-age children on the spectrum that are analogous to the intensity of MCPS' CAPP program for preschool age children.
- g. **Expand supports for families with children on the spectrum.** Families, particularly those on the wait list or deemed ineligible for autism waiver services, often feel disconnected and overwhelmed by the day-to-day experiences of raising children on the spectrum. Families would like improved access to community-based services and opportunities to network with other families – particularly during the school-age years.
- h. **Enhance cultural and linguistic competency among MCPS staff in working with children, parents, and families.** Several parents remarked that the frequent use of jargon and technical concepts by MCPS personnel regarding students on the autism spectrum undermines the high level of parental engagement required for parents to effectively advocate for their children. Parents who are immigrants or whose first language is other than English are at a particular disadvantage in understanding the special education process.
- i. **Improve community awareness of autism spectrum disorders.** Another area of immediate concerns to families is increasing the community's understanding of autism spectrum disorders. In particular, several parents indicated a need to educate law enforcement on the symptoms of autism to support children on the spectrum and to minimize misunderstandings that could lead to preventable altercations and prosecutions.

## **Chapter IX. Findings**

In Montgomery County (and nationally), the prevalence of children on the autism spectrum is increasing rapidly. Since 2001, Montgomery County Public School's (MCPS) enrollment of students on the autism spectrum increased from 266 to 1,642 students<sup>1</sup>. Today, students on the autism spectrum account for almost one of every ten MCPS students receiving special education.

This report by the Office of Legislative Oversight (OLO) responds to the Council's request for information about County services for children on the autism spectrum, current research on best practices, and the perspectives of staff and parents about what works well and where opportunities exist to improve local services. The findings in this chapter are based on OLO's interviews with agency staff, parents, school site visits, data analysis, and a review of the research literature.

This chapter presents OLO's findings organized into four parts:

- **Overview of Autism Spectrum Disorders (ASD)** summarizes current research about best practices for treating children who fall on the autism spectrum;
- **Policy Mandates and Administration** describes the legal, regulatory, and policy mandates and administration of programs and services delivered by MCPS and Montgomery County Government's Department of Health and Human Services (DHHS);
- **MCPS' ASD Enrollment, Program, and Cost Trends** describes MCPS data on students with ASD and programs that serve these students; and
- **Perspectives on What Works and Opportunities for Improvement** from parents and MCPS and DHHS staff about program strengths and opportunities for improvement.

### **Overview of Autism Spectrum Disorders**

**Finding #1. Children on the autism spectrum are a heterogeneous group in terms of cognitive ability and emotional needs, but often share common challenges related to language, social interaction, and behavior.**

The autism spectrum is a continuum of complex neurological disorders that can cause delays or problems in a variety of skills from infancy to adulthood. Children on the autism spectrum are a heterogeneous group who fall along the continuum based on the severity of their autism disorder and its co-morbidity with other disabilities, including emotional and intellectual disabilities.

The primary disorders on the spectrum are autistic disorder, Asperger's syndrome, and pervasive developmental disorder. Notwithstanding their individual differences, children diagnosed with an ASD generally share challenges in three areas of development: social interaction, language, and behavior. Students on the autism spectrum often exhibit ritualistic behaviors.

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<sup>1</sup> Two FY11 enrollment figures for students with autism spectrum disorders (ASD) are used in this report: 1,624 represents MCPS' official enrollment of students coded 14 for special education eligibility reported in the Maryland Special Education Census; and 1,735 represents MCPS' ASD enrollment on March 10, 2011.

The presence, onset, and severity of ASD symptoms vary significantly by child. Symptoms of ASD can appear in early infancy or they may not appear until 24 months of age or later. In some cases, children develop normally for the first few months or years of life but then symptoms appear. Over time, some children become more interactive and demonstrate fewer behavioral issues, while some continue to have difficulty with these developmental skills into adulthood.

**Finding #2. A body of evidence-based, best practices for improving the outcomes of children diagnosed with autism spectrum disorders exists. Despite these research results, effective treatments for ASD remain a work in progress.**

Since 2001, three federally-funded studies have been undertaken to improve practitioners' and parents' understanding of best practices for improving outcomes among children with ASDs:

- **A National Research Council (NRC)** review of best practices for serving young children (ages 0-8) with ASD's concluded that there is "evidence that interventions lead to improvements" but "a clear, direct relationship between any particular intervention and children's progress" did not appear. NRC' recommended best practices include:
  - Setting measurable objectives achievable within a year;
  - Focusing objectives on social, communication, motor, and cognitive skills development;
  - Documenting and monitoring progress in order to make plan adjustments frequently;
  - Beginning early intervention practices as soon as an ASD is suspected;
  - Individualized attention for young children with an ASD on a daily basis; and
  - A minimum of 25 hours of therapy a week for young children with an ASD.
- **A National Standards Project (NSP)** review of autism research literature (published between 1957 and 2007) focused on identifying effective treatment packages serving persons from birth to 21. Researchers identified and sorted treatments into four categories based on the strength of the research evidence. Based on its review of 724 peer reviewed studies, the NSP classified 11 treatments as "established"; 22 as "emerging"; and five as "unestablished." The fourth category, "ineffective or harmful," had no treatments classified.
- **A National Professional Development Center (NPDC)** study focused on effective practices that could be included in a child's individualized family services plan (IFSP) or individualized education plan (IEP). NPDC's list of effective practices included parental implemented interventions, social skills training groups, speech generating devices, computer aided instruction, and picture exchange communication systems. Many of these replicated practices that NSP had identified previously.

The synthesis of research to identify evidence-based best practices for children on the autism spectrum is considerable, especially for young children up to age eight. Nonetheless, the effective treatments for ASD remain a work in progress. Two limitations of the research are that many studies rely on single student observations rather than comparison groups to assess treatment impact and efficacy, and that research is often conducted in either clinic-based settings or one-to-one teaching sessions instead of classrooms, homes, and communities.

**Finding #3. Both federally-funded researchers and state experts recognize the need for systemic structures to implement and scale up ASD best practices.**

Over the past decade, the National Research Council, the National Standards Project, and the Maryland Autism Task Force all recognized the value of organizational components that support moving research into actual practice in schools and classrooms. Collectively, the program components identified by these three sources as essential to facilitating the wide spread implementation of best practices include:

- Enabling parents to serve as full participants in the IEP process;
- Providing ongoing support to parents, including training them on techniques for their children to acquire new skills and reduce problem behaviors and providing them with mental health supports and referrals;
- Valuing the judgment of professionals with expertise on ASDs;
- In selecting treatments, valuing the preferences of parents, care providers, and students;
- Recognizing the existing capacity of school systems to implement a best practice;
- Relying on an interdisciplinary approach to support a comprehensive intervention plan;
- Supporting a system of professional development to ensure that administrators, educators, related service providers, and paraeducators are familiar with best practices; and
- Offering a continuum of services based on the needs of each child and family.

A second Maryland task force is currently developing a statewide framework for meeting the needs of older children and young adults on the spectrum. The Maryland Autism Commission's preliminary report is expected in late 2011, with a final report in September 2012.

**Policy Mandates and Administration**

**Finding #4. Beyond best practices, federal policies, state regulations, and local policies guide Montgomery County's delivery of services to children on the autism spectrum.**

The policy framework that shapes the County's delivery of services to children on the autism spectrum is established in federal law, state regulation, and local policies. More specifically, the primary federal laws - **Individuals with Disabilities Education Act (IDEA)** and the **No Child Left Behind Act (NCLB)** – require the County via MCPS or the County's DHHS to:

- Provide early intervening services to children from birth to age four who are developmentally delayed or have disabilities and develop an individualized family services plan (IFSP) to deliver these services (IDEA, Part C);
- Provide a “free, appropriate public education” for students with disabilities from birth to 21 and related services to ensure access to the general education curriculum (IDEA, Part B);
- Educate students with disabilities in a setting with students who are not disabled to the maximum extent that is appropriate. The least restrictive environment provision also requires students to be educated in their home school when appropriate (IDEA, Part B);

- Create an individualized educational plan to serve as a written statement and a legal document of the educational program designed to meet a student's individual needs (IDEA, Part B);
- Establish procedural safeguards so that parents of students with disabilities receive prior notice of service changes, provide consent for assessments and services, can seek an independent evaluation, and can file complaints (IDEA, Part B);
- Include children on the autism spectrum in state assessments required at most grade levels and their scores in school and district level measures of student progress (NCLB);
- Require special educators who are the teacher of record (i.e., who assigns a grade for a subject) be certified as highly qualified (NCLB); and
- Demonstrate adequate yearly progress toward meeting goals for student academic achievement, attendance, and graduation rates for every student subgroup (NCLB).

Additionally, under the **Code of Maryland Regulations**, MCPS must:

- Adopt post-school transition plans for students with disabilities by age 14 rather than 16,
- Develop a special education staffing plan,
- Consider nonpublic placements for students with disabilities under certain conditions, and
- Coordinate the provision of services provided by the state's Autism Waiver Program.<sup>2</sup>

Finally, the **MCPS policies and practices** that address students on the autism spectrum:

- Affirm MCPS' commitment to meeting the requirements of federal and state law by developing an educational system that is committed to the success of all students;
- Require accountability for the performance results of all students;
- Describe MCPS procedures for implementing Section 504 plans for students, which can include students on the autism spectrum; and
- Include strategic plans aimed at reducing disproportionate representation in special education classification and suspensions.

**Finding #5. MCPS and DHHS work collaboratively to deliver services to children on the autism spectrum.**

DHHS and MCPS jointly administer those services for children on the autism spectrum that are authorized by IDEA and COMAR. More specifically, DHHS':

- ***Child, Youth, and Family Services Unit*** serves as the lead agency for the County's Early Intervening Services Program for Infants, Toddlers, and Preschoolers in the Extended Individual Family Support Plan Option; and
- ***The Aging and Disabilities Services Unit*** provides case management of wrap around services for children and families in MCPS' Autism Waiver Program, and administers three other programs that serve young people with developmental disabilities, including autism: the My Turn Program, Respite Services, and Transition Services.

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<sup>2</sup> The Autism Waiver Program targets services to children on the spectrum who would otherwise need to be placed in an intermediate care facility but can be safely maintained in the community with wrap-around services.



MCPS' **Office of Special Education and Student Services (OSESS)** serves as the lead agency for the County's special education programs and the Autism Waiver Program and also assists DHHS with early intervening services for young children from birth to age three. More specifically, in OSESS' **Department of Special Education Services**:

- The ***Division of Preschool, Special Programs, and Related Services*** serves as the lead agency for the County's prekindergarten special education programs, the school system's Autism and Emotional Disturbance Units, and related service programs (e.g. speech, and occupational therapy); and works with DHHS to provide early intervening services to infants and toddlers;
- The ***School Support Team*** provides oversight of all K-12 school-based special education programs, assists student placements, and implements professional development for general and special educators; and
- The ***School Based Services Team*** provides administrative oversight for the Learning for Independence, Resource Room, Special Schools, School/Community Based Programs, Extensions, and Elementary Learning Centers.

Finally, OSESS' **Department of Special Education Operations** in FY11 managed nonpublic placements, the state-mandated Autism Waiver Program, and programs to ensure that MCPS complies with procedural safeguards mandated in federal and state law.<sup>3</sup>

**Finding #6. While a diagnosis from a private health care provider can help inform the IEP process, an MCPS IEP team ultimately decides a child's eligibility for special education services and a child's disability classification as mandated by IDEA.**

Two school-based teams carry out the MCPS process to assess and place children who are referred for special education services. Initially, an ***Individual Education Plan (IEP) screening team*** assembles existing information, solicits parental information, and obtains parental consent. If a disability is suspected, this IEP team determines the appropriate strategies for further assessment. If a disability is not suspected, this IEP team provides written notice of its determination to not assess the child. This initial evaluation must be completed within 60 days of a referral.

If a disability is suspected, another IEP team conducts a second evaluation to assess the child for all disabilities. This ***IEP assessment team*** consists of MCPS staff, the parents, and the student, if appropriate.<sup>4</sup> This evaluation is based on parents' observations, reports from educational professionals, and written and oral tests.

If a child is eligible for services, the IEP assessment team develops a plan that must address a child's needs for any disabilities identified and makes a placement decision.<sup>5</sup> At least once per year, MCPS must revisit its placement decision and include parents in the process.

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<sup>3</sup> In FY12, this department was reorganized to become the Department of Business, Fiscal, and Information Systems with oversight of nonpublic placements transferred to the Department of Special Education Services.

<sup>4</sup> The MCPS members of the team include a general education teacher, a special education teacher, a representative who is familiar with MCPS services, an individual who can interpret instructional implications of evaluation; and other educational service providers (i.e. speech therapists, psychologists, etc). If the student is an English language learner, assessments may need to be referred to the Bilingual Assessment Team, who can conduct the assessment in the child's native language.

<sup>5</sup> An IEP lists measurable academic and functional goals, establishes short term objectives, identifies services to be provided, addresses the educational environment and whether accommodations are required, and defines the

A parent can elect to fund their own private assessment to submit to the IEP assessment team for their review. If a parent disagrees with the results of MCPS' assessments, they can request an independent educational evaluation that the school system may agree to fund, or they may request a due process hearing to defend the results of their assessment. However, a private provider's diagnosis of a disability does not automatically confer access to special education or related services. Instead, a child's eligibility for special education services requires a determination by an IEP team.

### **MCPS' ASD Enrollment, Program, and Cost Trends**

#### **Finding #7. Students with autism as a primary disability comprise nearly 10% of MCPS' special education enrollment - a five-fold increase over the past decade.**

Enrollment of students who have a primary disability of autism (Code 14) increased more than five-fold since FY01, from 266 to 1,642 students. As Table 20 shows growth among students classified as having an ASD substantially outpaced growth for special education enrollment overall and most other special education disability classifications.

The five-fold increase in autism enrollment reflects in part the newness of autism as a federal disability classification, improving diagnostic trends, and a better understanding of ASD symptoms. However, the MCPS autism enrollment data excludes former MCPS students with ASD residing in the County who are no longer enrolled in MCPS (e.g. home-schooled students).

**Table 20: MCPS Enrollment for Autism, All Students, and Special Education, FY01-FY11**

Enrollment	FY01	FY11	Change	
			#	%
<b>Autism</b>	266	1,642	1,376	517%
<b>All students</b>	134,180	143,309	9,129	7%
<b>Special Education</b>	16,359	17,307	948	6%
-Intellectual Disabilities	323	655	332	107%
-Emotional Disturbance	1,202	663	-539	-47%
-Other Health Impaired	784	2,831	2,047	261%
-Multiple Disabilities	1,892	257	-1,635	-86%
-Developmental Delay	255	1,869	1,614	633%
-All Other Disabilities*	11,637	9,390	-2,247	-19%

\*All Other Disabilities includes enrollment for learning disabilities, traumatic brain injuries and impairments in speech, orthopedics, vision, and hearing

Sources: MSDE (Special Education Census and Annual Report Cards)

duration, frequency and location of services. MCPS placement options can include general education classes, special classes, special schools, home instruction, and instruction in hospitals and institutions.

**Finding #8. MCPS and Montgomery County Government's Department of Health and Human Services (DHHS) offer many types of programs aimed at improving outcomes among children on the spectrum.**

MCPS offers a continuum of programs aimed at providing effective services for children on the autism spectrum in the least restrictive environment appropriate with a child's IEP. MCPS delivers special education services to students with ASD across eight types of programs noted below.

- **Autism Programs** comprised of Pre-K through Grade 12 programs that exclusively serve students with ASD (e.g. Autism and Asperger's classes),
- **Home School Settings** that serve a variety of students with disabilities in their neighborhood schools (e.g. Resource Rooms),
- **Fundamental Life Skills Programs** for students with disabilities in certificate-bound programs (e.g. Learning for Independence and School/Community Based programs),
- **Nonpublic Programs** for students with disabilities served in private schools to meet their educational needs,
- **Learning Disability Placements** that typically serve students with specific learning disabilities (e.g. Learning and Academic Disability Services),
- **Emotional Disability Placements** that typically serve students with emotional disabilities (e.g. the Bridge Program),
- **Learning Centers** (Grades K-5, Grades 10-12) that provide coordinated services for a variety of students with disabilities, and
- **Preschool Education Programs** serving preschool students with disabilities.

DHHS also offers a continuum of early intervening services for infants and toddlers with developmental delays that include ASD and administers community and home-based services for children and families with developmental disabilities that include autism. MCPS serves as the main provider of these services.

Students with ASD are also entitled to receive related services if their individualized family support or education plan (i.e. IFSP or IEP) requires them. MCPS and DHHS coordinate the delivery of these services that can include assistive technology, speech and language services, and occupational and physical therapy.

**Finding #9. Nearly 80% of students with ASDs in MCPS are served in settings that do not exclusively serve students on the autism spectrum.**

Table 21 on the next page describes by program category the number of MCPS program sites, ASD enrollment, and the distribution of students with ASD. While Autism Programs inclusive of the Comprehensive Autism Preschool Program (CAPP), Autism Classes, Asperger's Classes, and Autism Resource Service are the modal placement for students with ASD serving 21% of MCPS' ASD enrollment, 79% of students with ASDs are served outside of these four autism placements in programs originally designed to serve students with other primary disabilities.

**Table 21: Programs Serving Students with Autism Spectrum Disorders by Enrollment, FY11**

Program Categories	Specific Programs in each Category (# of Sites)	ASD Enrollment	% of ASD Enrollment
<b>MCPS Special Education Programs</b>			
Autism Programs	Comprehensive Autism Preschool Program (5) Autism Classes (17) Asperger's Classes (5) Autism Resource Services (2)	371	21%
Home School Settings	Resource Rooms (200) Home School Model (66) Hours Based Staffing (31)	355	20%
Fundamental Life Skills	Learning for Independence (27) School/Community Based Programs(32) Special Schools (5) Extensions (2)	328	19%
Nonpublic Programs	Ivymount School, Forbush at Oakmont, and other private schools (32)	217	13%
Learning Disability Services	Learning and Academic Disabilities (50) Gifted Talented/Learning Disabled (5)	191	11%
Emotional Disability Services	ED Cluster (19) Bridge Program (4) RICA (1)*	113	7%
Learning Centers	Elementary (11) High School (3)	107	6%
Preschool Special Education	Preschool Special Education Program - All Types (15)	37	2%
<b>Medicaid Waiver Programs</b>			
Autism Waiver	Most students (62%) enrolled in non-public placements, special schools, & autism classes.	200	12%

\* Students with ASD at RICA included in FLS data for Special Schools although not all enrolled in FLS.

Sources: MCPS FY12 Program Budget, MCPS Parent Guide to Special Education, MCPS unpublished data on March 10, 2010 ASD Enrollment by Program.

**Finding #10. Most students with ASDs are served in self-contained settings with many of these aligning with the Fundamental Life Skills curriculum.**

MCPS' delivery of services across a continuum for students with ASD varies by the least restrictive environment (LRE) level associated with each program<sup>6</sup> and its alignment with the Fundamental Life Skills (FLS) curriculum that leads to a certificate of completion or the MCPS general education curriculum that leads to a high school diploma.

<sup>6</sup> School age children who receive special education services outside of the regular classroom for less than 21% of the day are **LRE A**; those outside of the regular classroom for 21-60% of the day are **LRE B**, those outside the regular classroom for over 60% of the day are **LRE C**. **LRE F** refers to school age children served in a public day school for students with disabilities; **LRE G/H/I** refers to school age children served in non-public day schools for students with disabilities or residential placements; and **LRE N** refers to preschool students who receive all of their special education services in environments designed primarily for children with disabilities.

Table 22 summarizes the key features of the MCPS' special education program types serving students with ASD by LRE level and alignment with the FLS curriculum and describes the distribution of students with ASD by special education program.

**Table 22: Key Features of Programs Serving Students with Autism Spectrum Disorders, FY11**

Program Categories (and Specific Programs)	Focus *	Placement by LRE Level	% of ASD Enrollment
<b>MCPS Special Education Programs</b>			
Autism Programs (CAPP, Autism, Asperger's, and Autism Resource Services)	Certificate (Autism) & Diploma Bound	LRE C/N except for LRE B for Autism Resources	21%
Home School Settings (Resource, HSM, and Hours Based Staffing)	Diploma Bound	LRE A, B, C	20%
Fundamental Life Skills (LFI, S/CB, Special Schools, and Extensions)	Certificate Bound	LRE C or higher	19%
Nonpublic Programs	Certificate and Diploma Bound	LRE G/H/I	13%
Learning Disability Services (LAD and GT/LD)	Diploma Bound	LRE B	11%
Emotional Disability Services (ED Cluster and Bridge Program)	Diploma Bound	LRE C	7%
Learning Centers	Diploma Bound	LRE C	6%
Preschool Special Education (PEP)	Preschool General Education	LRE N	2%

\*Focus – Diploma bound or certificate bound program aligned with Fundamental Life Skills Curriculum.  
Sources: MCPS FY12 Program Budget, MCPS Parent Guide to Special Education, MCPS unpublished data on March 10, 2010 ASD Enrollment by Program.

Two-thirds of all MCPS students with ASD are served in the following self-contained programs/settings (LRE C or higher) where they receive special education services outside of a regular classroom more than 60% of the day:

- Autism programs (e.g. Autism and Asperger's classes);
- Settings aligned with the FLS curriculum (e.g. Learning for Independence);
- Nonpublic programs (e.g. Ivymount and Kennedy Krieger Institute);
- Emotional disabilities programs (e.g. Bridge);
- Learning centers; and
- Preschool special education programs.

Of note, up to half of all MCPS students with ASD are served in settings that align with the Fundamental Life Skills curriculum<sup>7</sup> and lead to a certificate of completion instead of a diploma.

<sup>7</sup> Calculation based on the majority of students with ASD in Autism Programs and Nonpublic programs (approximately 32% of all students with ASD) being enrolled in FLS aligned settings combined with students with ASD in FLS-specific programs (19% of all students with ASD).

**Finding #11. Low student to staff ratios are a central feature of programs that serve students with ASD. Among the classes with the lowest ratios, staffing is based on a ratio of one teacher to two paraeducators.**

Table 23 compiles data from several sources to describe MCPS budgeted staffing levels by special education programs that serve students with ASDs. The data show:

- Self contained small class sizes are a central feature of the special education programs serving students with ASD, ranging from six students per class (for most Autism and FLS programs) to 13 to 15 students (for most Learning Disability and Home School programs). On average, classes are staffed at one position per 5.4 students.
- Student to staff ratios vary across programs. They range from 1.5 students for each staff member for Autism programs to 8.5 students per staff member for Learning Disability Service programs.
- MCPS teams professionals and paraeducators to achieve low student to staff ratios. For autism programs these classes are staffed one teacher per 2 paraeducators. By comparison, for FLS and emotional disability programs, these programs are staffed one teacher per paraeducator.

**Table 23: FY11 Staffing Levels of Special Education Programs**

Programs	CIP Class Size	Budgeted Professionals*	Budgeted Paraeducators	Budgeted Enrollment	Student to Staff Ratio
Autism Programs	6	66.0	140.9	370	1.5
Home School Settings	13	522.3	271.2	6,724	8.5
Fundamental Life Skills (FLS) Programs	6 to 10	235.9	250.5	1,370	2.8
Learning Disability Services	13 to 15	259.8	216.5	2,846	6.0
Emotional Disability Services	10	101.5	109.9	591	2.8
Learning Centers	10	77.0	57.9	600	4.4
Preschool Special Education (PEP)	6 to 9	129.4	81.3	1,006	4.8
<b>Total</b>	<b>--</b>	<b>1,391.9</b>	<b>1,128.1</b>	<b>13,507</b>	<b>5.4</b>

\*Includes Teachers and Other Professionals, but not Program Support

Sources: MCPS Projected Special Education Enrollment, Services, and Positions, December 2010; MCPS CIP

**Finding #12. In FY11, MCPS' weighted average per student cost for programs that serve students with autism was \$33,000. Average costs ranged from \$12,000 for Home School to \$73,000 for nonpublic placements.**

OLO used estimates of program costs and enrollment listed in the MCPS Program Budget and provided by MCPS staff to calculate average per student costs for each MCPS special education program category that serves ASD students. These data show:

- Budgeted costs for special education programs that serve ASD students averaged \$33,000 per student for FY11 including the estimated costs of employee benefits.

- Budgeted special education costs range from a high of \$73,000 on average for students on the spectrum in nonpublic placements to a low of \$12,000 on average for students in home school special education placements.

**Table 24: Special Education Average Costs per ASD Student by Program Category, FY11**

<b>Program Category (# of Enrolled ASD Students)</b>	<b>Average Costs per Student</b>
Nonpublic Placements (217)	\$73,000
Autism Waiver Program* (200)	\$50,000
Autism Programs (388)	\$33,000
Fundamental Life Skills Programs (328)	\$30,000
Emotional Disabilities Services (113)	\$24,000
Preschool Special Education Programs (37)	\$20,000
Learning Centers (107)	\$17,000
Learning Disability Services (191)	\$13,000
Home School Settings (355)	\$12,000
<b>Weighted Average Costs*</b>	<b>\$33,000</b>

\*Funded through Medicaid Waiver, not with Local Funds; Autism Waiver Program excluded from Weighted Average Cost calculation.

**Finding #13. In FY11, MCPS program costs for services to children with autism totaled \$52 million. Nonpublic placements represented 31% of total program costs but only 13% of enrollment.**

OLO used per student costs and program enrollment data to develop an estimate of total program costs for MCPS' services to children with autism in FY11. Table 25 on the next page displays these data by program category. A comparison of each program's cost and enrollment shares shows:

- Comparable costs and enrollment exists for five program categories – Autism, Emotional Disabilities, Learning Centers, Preschool Special Education Programs, and Fundamental Life Skills Programs.
- The Nonpublic Placement program category accounts for 31% of total program costs but only 13% of enrollment.
- The Home Schools program category accounts for 8% of total program costs but accommodates 20% of enrollment.

Additionally, another \$10 million is expended in Medicaid funding to support 200 MCPS students enrolled in the state's Autism Waiver Program.

**Table 25: Total Costs by Special Education Program for Autism Enrollment, FY11**

Program	Total Costs*	Share of Total ASD Costs	Share of ASD Enrollment
<b>MCPS Special Education Programs and Services</b>			
Autism Programs*	\$12,200,000	23%	21%
Home School Settings	\$4,200,000	8%	20%
Fundamental Life Skills Programs	\$9,700,000	19%	19%
Nonpublic Programs	\$15,800,000	31%	13%
Learning Disability Services	\$2,500,000	5%	11%
Emotional Disability Services	\$2,700,000	5%	7%
Learning Centers	\$1,800,000	4%	6%
Preschool Special Education Programs	\$750,000	1%	2%
Autism Consults	\$1,350,000	3%	
<b>Total</b>	<b>\$52,000,000</b>		
<b>Medicaid Assistance Programs</b>			
Autism Waiver Program	\$10,000,000		12%

\*Costs rounded to nearest thousand and included estimated benefit costs.

Sources: OLO calculations of data from FY11 Current Budget and Program Enrollment described in FY12 MCPS Recommended Program Budget, MCPS unpublished data on March 10, 2010 ASD Enrollment by Program, and MCPS provided estimates of per pupil costs for non-public placements and autism waiver services for students on the autism spectrum.

### **Perspectives on What Works and Opportunities for Improvement**

**Finding #14. At the county level, a data gap exists regarding the performance of children and students with autism spectrum disorders. MSDE’s assessment of special education services for all disability classifications gave high marks to DHHS’ administration of the Infants and Toddlers Program and MCPS’ administration of IDEA Part B programs.**

Both DHHS and MCPS track performance data among individual students with ASD to document students’ progress on their IFSP and IEP goals. Data collected by school-based personnel can include daily checks of student progress on specific tasks and “data-books” documenting progress on specific academic and behavioral goals. MCPS uses these data at the school level to adjust strategies and short-term objectives if students are not making desired progress. To date, however, neither agency has compiled nor analyzed individual student data at the Countywide level to understand the performance of students with ASD on any global measures. In turn, neither agency has developed a single strategic plan specific to students with ASD nor evaluated its services to students with ASD.

Both MCPS and DHHS track Countywide performance measures for early intervening services and special education to comply with MSDE reporting requirements for IDEA. These measures track the collective performance of all students with disabilities, but do not disaggregate or describe the performance of specific disability groups such as students with ASD. MSDE’s most recent assessments rank DHHS’ administration of the County’s Infants and Toddlers Program and MCPS’ administration of IDEA Part B programs as “high.”



**Finding #15. MCPS' collection and analysis of student data to implement its Baldrige performance management framework could help address the current gap in data regarding the performance of MCPS students with ASD.**

In 2010, MCPS was awarded the Baldrige National Quality Award in recognition of its interlocking efforts to implement its strategic plan, Our Call to Action. This award was based on MCPS' systemic implementation of the following Baldrige Education Criteria:

- **Leadership** to guide and sustain an organization in reaching its performance expectations;
- **Strategic Planning** to align resources to actualize organizational goals;
- **Customer Focus** to discern customers' level of satisfaction with services;
- **Measurement, Analysis, and Knowledge Management** to support the use of data-driven decision making;
- **Workforce Focus** to improve the workforce's ability to reach organizational goals;
- **Operations Focus** to improve key work processes (i.e. core work of the organization); and
- **Performance Results** that provide measures of progress and evaluation for student learning, customer-focused, workforce-focused, leadership, and budgetary outcomes.

MCPS' efforts to implement the Baldrige performance management framework have focused on school-based school improvement planning that includes students with disabilities and central-office planning for improving programs for students with disabilities. These efforts include a strategic plan by the Office of Special Education and Student Services focused on four goals:

- Ensure students with disabilities reach AYP goals,
- Reduce disproportionality in special education classifications and suspensions,
- Address areas identified as in need of improvement by MSDE (e.g. complete 100% of evaluations within 60 days); and
- Develop processes to gather parent feedback as a way to improve services and implement professional development for staff members.

OESS' strategic planning efforts also include the development and execution of strategic plans for its Department of Special Education Services (DSES) and each of its units that serve students with ASD. This project reviewed the strategic plans (i.e. linkages charts) for DSES and several of its units including Autism, Emotional Disabilities Services, and Early Intervening Services/Pre-K.

OLO's review of these DSES strategic plans demonstrates that each plan includes key features of Baldrige performance management framework. Each has a strategic plan that articulates their mission, strategic goals, professional development goals, and data sources for performance benchmarks and results. As such, MCPS has the capacity to track performance benchmarks among students with ASD by their current special education settings (e.g. Autism Programs).

The review and analysis of student performance data by special education setting – as currently codified by OESS' and DSES' implementation of the Baldrige framework - would enable MCPS to assess the performance of students with ASD by special education setting. Further, since data on students with ASD are included among the performance indicators tracked to comply with NCLB, MCPS should also be able to describe the specific performance of students with ASD on NCLB measures (e.g. standardized assessments and graduation rates).

**Finding #16. Although MCPS provides staff development aimed at improving the capacity of staff to serve students with ASD, none of these trainings are offered as required Tier 1 trainings.**

Professional development serves as a key component of both the Baldrige framework and the DSES strategic plan. DSES offer two types of professional development to reach its strategic goals:

- Tier 1 trainings are required courses where participants are paid their regular rate to attend or substitutes are provided if the training takes place during the school day. There are currently only three required Tier 1 courses – they focus on collaboration, co-teaching, and training select staff on crisis prevention techniques.
- Tier 2 training are voluntary courses that offer teachers a \$20 stipend and paraprofessionals a \$15 stipend to participate. The vast majority of DSES and its unit's staff development are provided as Tier 2 trainings, including all of the Autism Unit's staff trainings.

Over the past year, both DSES and its Autism Unit have provided a number of staff trainings aimed at increasing the use of best practices for serving students with ASD. Session topics have focused on serving students with ASD across the LRE continuum, crisis management, and reading. According to MCPS, these trainings are generally well received and oversubscribed among staff who work with students on the autism spectrum.

Of note, the Autism Unit is currently working on a process to create, deliver, and evaluate its professional development for school-based and central office staff. It remains unclear, however, whether the Autism Unit has had or will have enough resources to offer the level of professional development and training to staff necessary to meet its strategic goals.

**Finding #17. Both staff and parents generally have a favorable impression of the Infant and Toddler's Program, the Autism Waiver Program, MCPS' variety of special education options and services, and MCPS' social and organizational skills courses for students with ASD.**

OLO conducted interviews with MCPS and DHHS staff and two parent focus groups to explore the question of "What things work well regarding the current delivery of services to children and students on the autism spectrum?" Staff and parents generally agreed about the strengths of the County's current services in the following areas:

1. **Autism Waiver Services works well for those who receive services.** Both MCPS and DHHS staffs agreed that this program provides beneficial services for the families who receive them; parents stated they value these services and the coordination of DHHS staff.
2. **Infants and Toddlers Program serves families well.** Both MCPS and DHHS staffs agreed that Montgomery County Infant and Toddlers Program (MCTIP) works at providing early intervening services to children and families; parents indicated that they value their partnership with MCITP staff in the development and execution of IFSPs.

3. **MCPS offers a variety of placement, service, and best practices options.** Both MCPS staff and parents noted that families move to the County to access services unavailable in other public school systems, such as applied behavior analysis (ABA) prekindergarten programs (e.g. Comprehensive Autism Preschool Program aka CAPP).
4. **MCPS' social skills and resource classes are effective.** MCPS staff and parents viewed these classes as essential to improving student's organization and social skills and maximizing the inclusion of students in general education classes for core content areas.
5. Both MCPS staff and parents also commented that **knowledgeable school administrators** improve the delivery of school-based services for students with ASD by making schools more responsive to the needs of students with ASD, supporting the programs that serve students with ASD, and encouraging support from the larger school community.

**Finding #18. Staff and parents identified additional strengths in the County's current provision of services to students with ASD.**

MCPS staff interviewed by OLO for this project identified three additional strengths in the school system's delivery of services for students with ASD:

1. **The Autism Unit provides valuable consultative services, information, and training** that increases the capacity of schools to serve students on the autism spectrum.
2. **Other academic and technological services provided by MCPS** also effectively assist school-based personnel in meeting the learning needs of students on the spectrum (e.g., Read 180, FAST, promethean boards, E-writer).
3. **Close working relationships across central office and school-based staffs** enable appropriate placements and effective services for children on the spectrum.

Parents interviewed noted the following three additional strengths of the County's current services (i.e. MCPS and DHHS):

1. **MCPS Special Education Prekindergarten Programs.** Parents offered uniformly positive praise for MCPS' Comprehensive Autism Preschool Program (CAPP) and its Preschool Education Programs (PEP).
2. **For the most part, the Child Find Process is timely and efficient.** A majority of parents offered considerable praise on the work of the Child Find offices in helping to identify their child(ren)'s eligibility for services in a timely and efficient fashion.
3. **Support of strong front line staff and expertise of central staff.** Most parents cited the front-line staffs that deliver services to their children (i.e. teachers, paraeducators) as a significant strength of MCPS' current service delivery.

**Finding #19. Staff and parents identified increasing resources for family support and wrap around services, interventions for meeting the needs of school-age children, support for students across the LRE continuum, communication between staff and families, and outreach to diverse families as opportunities for improving the delivery of services to students with ASD.**

As part of this project's interviews with MCPS and DHHS staff and the parent focus groups, OLO elicited responses to this question: "Where are there opportunities for improving the delivery of services to children and students on the autism spectrum in the County?" In general, there was consensus among MCPS and DHHS staff and parents about six opportunities for improving services.

1. **Increase wrap-around and young adult services.** MCPS and DHHS staff and parents indicate there is a need for more wrap-around services for children, particularly among families on the Autism Waiver Program waitlist, and for more programs for young adults.
2. **Increase services to meet the needs of school-age children.** From MCPS staff's point of view, improving the school system's ability to meet the emotional and behavioral needs of students on the spectrum and to meet the learning needs of students in the "middle" of the spectrum are major concerns. Among the parents there was a desire to improve services and program options for school-age children on the spectrum, particularly among students in diploma-bound programs.
3. **Enhance resources to support program goals and inclusion.** Both MCPS staff and parents cite large class sizes and limited paraeducator positions to support inclusion as common concerns. MCPS staff note some additional concerns include challenges in master scheduling, lack of common planning time for general and special educators, increasing paperwork, limited itinerant staffing, and limited stipends for training.
4. **Enhance communication about school-based programs.** Among MCPS staff, improving parents' understanding of the value of MCPS' portfolio of programs and services is a key concern; among parents, the perceived lack of information about available programs, particularly at key transition points, is a common concern.
5. **Improve outreach to culturally and linguistically diverse families.** Staff and parents cite the need to improve communication and outreach to diverse families to ensure they understand both the symptoms of autism in young children and benefits of available services as an opportunity for improvement.
6. **Expand capacity to serve ASD enrollment at new schools.** MCPS school-based staff voiced concerns about expanding ASD programs on their current campuses – most felt they are at full capacity. And several parents advocated for growing more programs for students with ASD in the Eastern part of the County to minimize long bus commutes.

Further, both DHHS and MCPS staff note that seeking **earlier referrals and services for infants and toddlers** is an opportunity for improving the County's programs. Both staffs indicate that earlier referrals of children on the spectrum by medical professionals are warranted. DHHS also notes the need to increase the number of applied behavioral analysis (ABA) providers for MCITP as an opportunity for improvement since there is only one contracted provider of ABA services.

**Finding #20. Parents interviewed identified four additional opportunities for improving the County's delivery of services to students with ASD.**

Parents interviewed by OLO for this project also identified four additional opportunities for improving the County's programs that serve students with ASD:

1. **Enhance training of front-line staff and administrators on best practices for serving students on the spectrum.** Parents perceive that DHHS and MCPS staffs who are trained in special education and general education often lack an understanding of the dimensions of ASD and the skills deficits that need to be addressed to support students.
2. **Improve consistency across programs serving students on the spectrum.** Parents suggest that some programs are stronger than others, even if they supposedly provide similar services. Parents perceive that the strength of each program depends more on school-based staff and administrators than on the central office's vision and support for each program.
3. **Value the perspectives of parents and private providers as partners in delivering services for students on the spectrum.** Several parents raised concerns about how they are included in their child's education planning process. They remarked that despite federal mandates to include parents and private service providers in meetings to determine a child's IEP plan and special education placement, their collective input is often ignored either as part of the IEP development process and/or among school-based teams.
4. **Improve community awareness of autism spectrum disorders.** In particular, several parents indicated a need to educate law enforcement on the symptoms of autism to support children on the spectrum and to minimize misunderstandings that could lead to preventable altercations and prosecutions.

## **Chapter X. Recommended Discussion Issues**

Children with autism spectrum disorders (ASD) are a growing concern both nationally and in Montgomery County.<sup>1</sup> Available data suggest that Montgomery County saw a five-fold increase in children diagnosed with ASD over the past decade. In FY11, the cost of services for the County's children with ASD and their families totaled an estimated \$61 million.<sup>2</sup>

This report responds to the Council's request for the Office of Legislative Oversight (OLO) to describe current research on best practices, County services for children with ASD, and the perspectives of staff and parents about what works well and opportunities to improve services.

In brief, this OLO study supports the following findings:

- **Best Practices Research.** Research on autism spectrum disorders demonstrates that children with ASDs are a heterogeneous group and that diagnosis of ASDs can be confounded by differences in the severity, onset, and nature of each child's symptoms. There is an emerging body of research on effective practices that can lessen the social, developmental, and behavior challenges associated with autism. Beyond the question of specific strategies that are proven to be effective, best practices research also addresses the question of effective implementation practices
- **County Services.** The delivery of early intervening and special education services for children with ASDs that are mandated by federal, state, and local policy are jointly administered by MCPS and DHHS. Specifically, eight of MCPS' special education programs enroll children with ASDs at an estimated cost of \$52 million per year, with the Autism Waiver Program costing another \$10 million in Medicaid funding. Despite rapidly increasing enrollments, neither MCPS nor DHHS have evaluated its services for students with ASD, nor does either agency have a strategic plan focused on autism.
- **Perspectives about County Services.** During two focus groups and several interviews, parents and agency staff shared mixed views about the County's programs. Parents generally voiced positive comments about the Infants and Toddlers Program, Autism Waiver Program, and the variety of services and programs offered by MCPS. Parents and agency staff expressed concerns about the agencies' communication with parents, and the need for additional supports and services for families and school-age students.

In an effort to stay abreast of emerging research and ensure the best use of County resources to support County families who have children with ASD, OLO recommends the Council address the following four discussion issues. The issues address both concerns raised by parents and staff and other broader program implementation and planning issues. The intent of these recommended discussion issues is to improve the Council's understanding and oversight of County appropriations aimed at addressing the needs of children with ASD.

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<sup>1</sup> The autism spectrum is a continuum of complex neurological disorders that can cause delays or problems in a variety of skills from infancy to adulthood. Children on the autism spectrum are a heterogeneous group who fall along the continuum based on the severity of their autism disorder and its co-morbidity with other disabilities, including emotional and intellectual disabilities.

<sup>2</sup> This total includes an estimated cost for employee benefits and includes the cost of the Autism Waiver Program. Per student costs vary widely by program, from a low of \$12,000 per year for home school placements to a high of \$73,000 per year for nonpublic (private) placements.

**Discussion Issue #1: How MCPS' and DHHS' practices for serving students with autism spectrum disorders align with research-based best practices identified by federally-funded research studies.**

Over the past decade, both federally-funded researchers and a state-wide task force have identified a number of best practices for improving outcomes among children and students with autism spectrum disorders. These best practices recommend how to plan and measure progress as well as specific types of interventions. Some of the “process-oriented” best practices identified in research include:

- Set measurable objectives achievable within a year;
- Document and monitor progress frequently;
- Provide ongoing supports to parents and include them in the planning process; and
- Develop a plan to train professionals and paraprofessional providers on best practices.

Some of the “specific interventions” best practices intended to address challenges typically associated with autism include:

- Applied behavioral analysis packages and techniques,
- Schedules (e.g. written words, pictures, or work stations),
- Story-based interventions, and
- Social skills training groups.

In the course of this study, OLO observed that both DHHS and MCPS staff had a working knowledge of best practices research. OLO recommends a Council discussion of this issue with agency representatives to provide a more complete picture of their best practices, including the strategies they use to stay abreast of and apply research results. Such a discussion could also explore where either agency should target its continuous improvement efforts for achieving desired outcomes among children with ASD.

At the Committee worksession for this report, OLO recommends the Council ask MCPS and County Government representatives to address the following questions:

- From DHHS' and MCPS' work in the field, what are their perspectives about best practices for improving outcomes among children and students with ASDs?
- How do DHHS' and MCPS' lists of best practices compare to those recommended by National Academy Science, National Standards Project, National Professional Development Center, and Maryland Autism Task Force?
- How does each agency ensure the use of best practices among its varied programs? How does each agency plan for training, professional development, and the use of best practices among staff and contractors?

**Discussion Issue #2: MCPS efforts underway to improve the school system’s responsiveness to children on the spectrum with significant behavioral, emotional, and/or learning needs.**

Over the past decade, MCPS’ enrollment of students classified as having autism as their primary disability has increased five-fold. In response, each year, MCPS has expanded its capacity - both staff and classrooms - to serve students with autism spectrum disorders.

OLO’s analysis of enrollment data suggests that MCPS’ non-autism special education programs generally are shouldering much of the burden of these increased enrollments. Specifically, nearly 80% of ASD students are served in other MCPS special education programs (e.g. nonpublic placements and emotional disability programs) even though MCPS’ Autism Programs are the modal special education placement for students on the autism spectrum.

Both MCPS staff and parents recognize the need for additional and more effective interventions to address the behavioral and emotional needs of some students on the spectrum and the learning needs of students in the middle of the spectrum served in diploma-bound programs.

At the Committee worksession for this report, OLO recommends the Council ask MCPS representatives to address the following questions:

- What strategies/practices does MCPS employ to address the behavioral/emotional challenges of students with ASD?
- What is the process for identifying and implementing additional strategies focused on meeting students’ “extraordinary” behavioral/emotional needs?
- What strategies/practices does MCPS employ to address the learning needs of students in the “middle” of the spectrum that typically participate in the modified state assessments (i.e. Mod-MSA’s)?

**Discussion Issue #3: Improving communication with parents of children on the spectrum, particularly to enhance awareness of school-based programs and to increase outreach to culturally and linguistically diverse families.**

Parent involvement and participation in special education planning and programming are key components of IDEA. The National Research Council and the National Standards Project also recognize the vital role that parents should play in shaping educational planning and learning techniques to reduce problem behaviors. Both the IFSP and IEP processes depend on parents who are not only engaged and well-informed about their child’s education options, but also trained to observe and assess their child’s responsiveness to their individualized plan’s strategies and interventions.

MCPS recently updated its Parents Guide for Special Education website to provide a clearer overview of available services. OSESS is also in the process of developing a parent outreach committee to improve its services. However, both MCPS’ and DHHS’ strategy communicating the breadth of its available programs and reaching out to diverse families may merit additional work. A common concern raised by parents raised during OLO’s interviews was that neither they nor school-based staffs were aware of the full range of resources and program options available in the County.



At the Committee worksession for the report, OLO recommends that the Council discuss the following questions with MCPS and DHHS representatives:

- How does each agency communicate with parents about its services generally and specifically during periods of transition (e.g. Part C to Part B, elementary to middle school)?
- What are the challenges each agency faces to improving parents' understanding of its available programs? What are the opportunities for expanding parents' understanding?
- How does each agency communicate with parents and others to counter "myths" with factual information?
- Does either agency work with/foster the development of parent groups to improve coordination and communication with parents? How is this done?
- What, if any, additional efforts are underway to communicate to culturally and/or linguistically diverse families? How effective have these efforts been?

**Discussion Issue #4: Potential merits and drawbacks of developing a strategic plan to track, understand, and improve the performance of students with autism spectrum disorders.**

In 2010, MCPS was awarded the Malcolm Baldrige National Quality Award in recognition of their use of strategic planning and performance management principles to achieve organizational goals. While MCPS' strategic planning efforts extend to its special education departments and units, a strategic plan focused exclusively on students with ASD does not exist. In addition the mandates that MCPS and DHHS comply with under federal law do not require the compilation or analysis of countywide performance data for children with ASD. As such, information about how children and students with ASDs perform on a countywide level is currently unknown.

OLO recommends that the Council discuss with MCPS whether a strategic plan that would address the collective performance of children and students with ASD and identify opportunities for improving local services has merit. Some factors that suggest there could be some benefit to developing a strategic plan include common challenges among students with ASD, the five-fold increase in MCPS' ASD enrollment, and that a few programs (i.e. Autism, Home School, and Fundamental Life Skills programs) serve a majority (60%) of students on the spectrum. However, there could be some drawbacks to a strategic plan process specific to ASD as well.

At the Committee worksession for this report, OLO recommends the Council ask MCPS representatives to address the following questions:

- What planning or policy work has the Board of Education and/or MCPS done to improve the school system's capacity to serve students on the autism spectrum?
- Has the Board or MCPS considered evaluating its services for students on the autism spectrum and/or developing a single strategic plan to improve outcomes among students on the spectrum?
- To what extent could focusing on the performance of students with ASDs result in progress in MCPS services to students with disabilities overall?

## **Chapter XI: Agency Comments on Final Draft**

The Office of Legislative Oversight (OLO) circulated a final draft of this report to the Deputy Superintendent and Chief Operating Officer of Montgomery County Public Schools. OLO's final report incorporates technical corrections provided by agency staff.

The written comments received from the Superintendent of Montgomery County Public Schools are attached in their entirety, beginning on the following page.



# MONTGOMERY COUNTY PUBLIC SCHOOLS

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MARYLAND

January 12, 2012



Dr. Elaine Bonner-Tompkins, Senior Legislative Analyst  
Montgomery County Office of Legislative Oversight  
Stella B. Werner Council Office Building  
100 Maryland Avenue  
Rockville, Maryland 20850

Dear Dr. Bonner-Tompkins:

Thank you for providing Montgomery County Public Schools (MCPS) staff members with the opportunity to review and comment on the Office of Legislative Oversight (OLO) Report on Services for Students with Autism Spectrum Disorders (ASDs). MCPS staff members who participated in the review and development of this report appreciate the collaborative interagency process. Comments and suggestions for technical changes were previously provided, but not all suggestions and changes were evident in the final report. We have additional comments that address your specific findings.

An analysis of the report indicates that feedback from MCPS staff members was carefully considered and incorporated into the draft. The following comments on the completed draft are included below:

- As evidenced in your report, MCPS adheres to federal, state, and local policies regarding the provision of services for students with ASD. The report indicates that an evolving body of best practices for improving the outcomes of students diagnosed with ASD exists. MCPS consistently strives to incorporate appropriate best practices, resulting in staff members and parents having a favorable impression of the variety of services and supports available for this group of students from birth through 21 years of age. These services, based on best practices, have a positive impact on student performance outcomes.
- The Maryland State Department of Education (MSDE) gave MCPS and the Department of Health and Human Resources high marks regarding the implementation of the *Individuals with Disabilities Education Act*.
- The MCPS Office of Special Education and Student Services (OSESS) and the Department of Special Education Services (DSES) are responsible for serving the largest number of students with ASD in the state of Maryland. ASD students represent 10.0 percent of the special education population in MCPS.

Office of the Superintendent of Schools

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- The report recognizes that students with ASD are a heterogeneous group that share common challenges related to language, social interaction, and behavior.
- Despite acknowledging in the report that students with ASD are a heterogeneous group, the report finds that a “data gap” exists regarding the performance of students with ASD in MCPS. This assertion, predicated upon the assumption that there would be some programmatic value to analyzing aggregated data for students with ASD, is problematic. MCPS strongly disagrees with this finding. MCPS and other local educational agencies throughout the nation recognize the importance of monitoring the performance and achievement of students with disabilities as a unique grouping of students. Since the implementation of the *No Child Left Behind Act of 2001* (NCLB), MCPS special education students have ranked among the highest in the state on the Maryland School Assessments (MSA). Neither MCPS nor MSDE monitors the performance of students with autism or any other disability category regarding their specific academic growth and achievement on the MSA. Given the heterogeneous nature of autism, such data, if collected and analyzed, would not accurately reflect the overall performance of students with ASD nor provide educators with data to inform instruction.

MCPS offers the following comments on project findings included in the report:

**Finding #2: A body of evidence-based, best practices for improving the outcomes of children diagnosed with autism spectrum disorders exists. Despite these research results, effective treatments for ASD remain a work in progress.**

As part of our commitment to continuous improvement, MCPS consistently consults with leading experts and reviews the current body of research on evidence-based and best practices to improve the outcomes of students diagnosed with ASD. As cited in the report, most research studies are conducted in a clinical setting resulting in single student study observations rather than group studies in a classroom setting. Single subject research studies are conducted in this manner due to the unique and complex nature of how this disability presents in each individual. Even the use of the word “treatments” in the report rather than instructional strategies underscores the inherent complexities of providing educational services for students with ASD.

**Finding #9: Nearly 80 percent of students with ASDs in MCPS are served in settings that do not exclusively serve students on the autism spectrum.**

As stated in the report, MCPS offers a variety of programs and services to ensure the provision of a Free and Appropriate Public Education (FAPE) for students with ASD. ASD is a spectrum disorder, which means that the cognitive, communication, behavioral, and social needs of this population vary significantly. As a result, students identified with ASD receive services in a variety of settings selected to best address their unique constellation of strengths and needs. These settings range from the general education classroom to a residential school. Clearly, students with ASD served in the general education environment are not as greatly impacted as



those served in a residential school. Given the vast range for students with ASD, it is imperative that there be a variety of settings where the coordinated services, strategies and practices may be used to instruct these students. The disability of a student does not drive the placement decision rendered by an Individualized Education Program (IEP) team; rather, the placement decision must be based upon the individual needs of the student. This is especially important for students with ASD due to the heterogeneous nature of this group.

**Finding #11: Low student-to-staff ratio is a central feature of programs that serve students with ASD. Among the classes with the lowest ratios, staffing is based on a ratio of one teacher to two paraeducators.**

As evident in MCPS self-contained classes that serve students with ASD, low student/staff ratio exists to ensure the delivery of appropriate supports and services. The staffing model implemented by MCPS is based upon research that supports the need for small, well-designed, and structured classrooms that offer visual, physical, and verbal prompting strategies. MCPS special education classes that serve students with ASD in the Extensions Program have greater and more complex needs. This program is staffed on a 1:3 (one teacher to three paraeducators) ratio.

**Finding #12: In FY11, MCPS' weighted average per student cost for programs that serve students with autism was \$33,000. Average costs ranged from \$12,000 for Home Schooling to \$73,000 for nonpublic placements.**

MCPS nonpublic tuition ranges from \$30,000–\$438,000 per year. The average tuition rate for a student attending a nonpublic special education day school is \$73,000.

**Finding #14: MSDE gave high marks to MCPS and DHHS for their administration of IDEA programs but a data gap exists regarding the performance of children with ASD in Montgomery County.**

As stated in the report, MSDE gives MCPS and DHHS high marks for the administration of services for students with ASD. However, MCPS is not in agreement that a data gap exists regarding the performance of students with ASD in Montgomery County. According to the report, "MCPS has not complied nor analyzed the performance of students with ASD on any global measures nor has it evaluated its services."

As stated previously in this response, neither MSDE nor any other local education agency aggregates global assessment and performance data for this disability category for the purpose of improving the academic achievement and performance outcomes for students with ASD because it has little to no relevance for providing instruction for students with ASD. The aggregation of data for this group that is clearly defined accurately in this report as being "heterogeneous" would not provide accurate or meaningful information to inform or drive effective decision making for instructional purposes. The OLO Report cites national research regarding

“treatments” for students with ASD that are conducted on an individual case basis in clinical settings. The report’s reliance on research conducted not in classroom but in clinical settings further highlights how difficult it may be to even discuss this population in the aggregate due to the heterogeneous nature of this disability category. MCPS has consulted with national experts on this topic and they agree that the use of global assessment and performance data has minimal value.

That is not to say that MCPS does not monitor the progress of students with ASD. All MCPS students, including students with ASD, participate in a variety of assessments on a regular basis. State assessments are used to provide information regarding the progress of students’ attainment of early broad curriculum standards used to determine if a school achieves Adequate Yearly Progress. The special education subgroup data are aligned with overall school performance and student scores do not even equate from one year to the next. For example, a score of 500 in Grade 3 might yield a designation of proficient, while Grade 4 students only need to achieve a score of 450 to be considered proficient. Furthermore, there is no breakdown of scores beyond the level of basic, proficient, or advanced on MSA. Thus, the lagging data based on a cohort grade level are not useful for instructional planning purposes.

Instead, the achievement of each student in special education is evaluated to determine progress toward mastery of individually defined goals and objectives. County assessments, such as the MCPS Assessment of Progress in Primary Reading, are administered on a regular basis. These data are most effectively used to monitor and support the academic progress of individual students.

MCPS also collects and analyzes other data, i.e., suspension and graduation data for all students in order to address the instructional and behavioral needs of students at risk. Some of these data are then disaggregated by demographic variables such as student ethnicity, gender, disability, and economic status.

The Autism Unit maintains data that tracks students with ASD served in the discrete autism programs regarding placement in the least restrictive environment.

**Finding #15: MCPS’ full implementation of the Baldrige Performance Management Framework could help address the current gap in data regarding the performance of MCPS students with ASD.**

This finding evidences a misunderstanding of the purpose and usage of the Baldrige Framework. Former U.S. Secretary of Commerce, Gary Locke, named MCPS as a recipient of the 2010 Malcolm Baldrige National Quality Award, the highest presidential honor given to American organizations for performance excellence. MCPS is only the sixth public school system in the nation to receive the award, which validates MCPS’ work and the systematic and systemic implementation of the Baldrige Performance Management Framework.



The implication underlying Finding #15 is that the collection of global data for students with ASD would add value to the provision of services for students with ASD, as articulated in response to Finding # 14. MCPS, based on research, benchmarking, and consultation, does not believe that the collection of these data would have any substantive value.

Under the Baldrige-guided Improvement Process there are a myriad of data that are collected, analyzed, and used to inform instructional and programmatic decision making. For example, when monitoring the progress or performance of students with disabilities, offices and schools identify gaps and embed goals into their IEPs. Students with ASD are present in every setting from full inclusion to nonpublic placements. It is the individual classroom teacher that identifies the gaps of individual students to address the variability in performance across and within each disability category, and specifically students with ASD.

The purpose of data collection in the Baldrige-guided Improvement Process is for the results to be studied and utilized to plan for continuous improvement. Prior to the collection of any specific data, it must be determined that the value of the information that could be gleaned from the data would outweigh the investment required to collect and analyze the data. If MCPS were in agreement that the collection and analysis of global data on students with ASD would be useful instructionally or programmatically, it clearly would make sense to include that in our strategic planning; however, because the data has little to no value, the data are not included. The Baldrige Process is designed for institutions to organize for continuous improvement; an important component of organizing for continuous improvement is focusing on monitoring data that will make a difference in practice and outcomes.

It is important to consider Findings 14 and 15 in the context of how MCPS does monitor, analyze, and use the tremendous amount of data collected. Data for all disaggregated groups of students, defined by NCLB, are included and addressed in the plan and progress toward meeting the goals in the plan are reviewed at least quarterly and adjusted as necessary. Central services and individual schools review and analyze the data to determine how well students are performing, set goals for increased achievement, and develop plans for how to help students, teachers, and schools reach those goals. While summative data such as standardized assessments are utilized to determine the overall and individual performance of students with disabilities, schools also monitor progress on curriculum and IEP goals/objective-based assessments.

**Finding #16: Although MCPS provides staff development aimed at improving the capacity of staff to serve students with ASD, none of these trainings are offered as required Tier 1 Trainings.**

More and more research has indicated that there is a need for job-embedded professional development. This format is recognized as the most effective and enduring approach to enhancing the knowledge and skills of educational staff. The goal is to provide job-embedded training, allow an opportunity to practice, monitor implementation of the strategies or



techniques, and provide follow-up coaching and support based on this ongoing evaluation. Tier 1 and Tier 2 professional development also are necessary as they provide a broader focus and address the needs of students. However, in order to most effectively change teacher behavior, there is a need to combine Tier 1 and Tier 2 group professional development with more personalized job-embedded opportunities.

MCPS, with input from the special education parent community, supports and advocates for general and special education teachers and paraeducators to participate in Tier I and Tier II professional development that includes strategies for instructing students with ASD. Since summer of 2007, MCPS has conducted and completed required professional development for elementary, secondary, and special schools staff members on effective instructional strategies and collaborative planning processes to improve instruction. Information and training specifically for all disabilities categories, including students with autism, are shared to enable staff members to more effectively serve this population. MCPS provides on-site job embedded professional development at specific schools to address the ongoing need to ensure teachers and paraeducators have access to knowledge about effective practices. The goal of MCPS is to expand community partnerships to improve the delivery of special education services.

**Finding #19: Both staff members and parents identified increasing resources for the following as opportunities for program improvement.**

OLO did conduct interviews with parents and conducted two focus group sessions; however, they did not have an opportunity to run focus groups with a representative sample of parents. One of the focus groups was conducted at a Special Education Advisory Committee (SEAC) meeting. Several parents at the SEAC meeting did not have a child with autism or did not need services for students on the autism spectrum. The other focus group consisted only of 10 parents. Some of these parents also participated in the SEAC meeting. We understand that OLO did not have time for a valid and reliable survey or additional focus groups and we appreciate that they suggested a future evaluation of the county's services for students on the autism spectrum to include a more broad-based survey of parents' insights.

**1. Increase wrap-around and young adult services**

MCPS staff members serve as active participants in the Local Care Team of the Montgomery County Collaboration Council for Children, Youth and Families. This includes working with other child agencies including Child Welfare, Core Services Agency, and the Montgomery County Federation of Families, to identify appropriate resources for students who need services beyond the school day. A Waiver Services Specialist coordinates resources for students receiving Autism Waiver Program services. MCPS staff members work with individual families to problem solve and identify community resources that may be able to provide support. MCPS agrees, however, that the needs of families with children with ASDs may be considerable and existing community resources are often insufficient to meet family needs.



**2. Increase services to meet the needs of school-age children**

In response to the increasing population of students with ASD, MCPS expanded services to include the Aspergers Program at the high school level and autism resource services at three middle schools. The MCPS proposed Fiscal Year (FY) 2013 budget recommends the expansion of autism resource series at the high school level. MCPS agrees that the need to expand and improve services for students with ASD is a goal. MCPS currently is working with community partners to discuss ideas for improving services for student with ASD.

**3. Enhance resources to support program goals and inclusion**

MCPS provides supports to students with ASDs in every possible placement in the school system, ranging from home school settings to the public, separate day, and residential schools. The majority of support for schools comes from the Autism Unit, which sees approximately 250 students for consultation each year. Consultation may range from a telephone discussion up to approximately 30 hours per year of on-site observations, feedback, and professional development. The Behavioral and Educational Support Team provides similar services to students with an ASD who are served in Learning for Independence and School Community-Based Programs. Special education supervisors, instructional specialists, and itinerant resource teachers also provide consultation. In addition to the formula-based allocation of paraeducators per classroom, MCPS spent more than five million dollars during the 2010–2011 school year to provide supplemental paraeducators. These supplemental paraeducators are often assigned to classes to support students with disabilities in the least restrictive environment.

**4. Enhance communication about school-based programs**

MCPS maintains a section of its website, A Parent's Guide to Special Education, that provides information ranging from the special education identification process to descriptions of school-based programs. Staff members in the Office of Public Information and Web Services, DSES, as well as individual offices answer parent questions and guide them to resources relating to special education information. The families of children transitioning from pre-K to school-age programs are invited to transition meetings held in the evening where representatives for different programs discuss the variety of special education services and supports available in MCPS. For the past three years, MCPS staff members collaborated with the Extraordinary Minds organization in presenting an evening seminar highlighting the variety of services supporting diploma-bound students with ASD.

### **5. Improve outreach to culturally and linguistically diverse families**

OSESS staff members participate annually in the MCPS Back-to-School Fair, which attracts a diverse group of participants. Staff members in the Department of Family and Community Partnerships provide many outreach events (community meetings, workshops, etc.) and assist school teams in providing resources, education, and supports for families. The MCPS Language Line is an invaluable resource for staff members who need assistance in communicating with families who do not speak English or have limited English language skills. Autism Unit staff members have presented at community events, such as the Asian American Community Resource Group. MCPS continues to provide professional development in the area of cultural competence for staff members.

**Finding #20: Parents interviewed identified five additional opportunities for program improvements.**

#### **1. Expand capacity to serve ASD enrollment at new schools**

Between January 2010 and January 2011, OSESS staff members presented 14 trainings specific to ASD, and an additional 6 trainings on topics that included students with ASDs in their emphasis. The audience for these sessions ranged from security staff to secondary school resource teachers. Administrators also participate in these trainings.

#### **2. Improve consistency across programs serving students on the spectrum**

MCPS agrees that professional development is the key to reducing variance that may exist in programs and services. MCPS supports the need for continued professional development and job-embedded coaching to reduce the variance in programs that serve students with ASD.

#### **3. Value the perspectives of parents and private providers as partners in delivering services for students on the spectrum**

A new Parent Outreach Committee was formed in OSESS to better identify the needs of our parents of students with disabilities. Previous efforts to gather feedback from parents resulted in low response rates. This includes the MSDE survey, which had a response rate of only nine percent, which is insufficient for use in program evaluation and planning. MCPS also plans to work with MSDE to expand the use of the facilitated IEP process to enable parents to feel empowered as equal partners in the process.

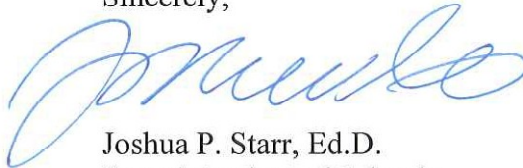


**4. Improve community awareness of autism spectrum disorders**

Annually, the Board of Education and the superintendent of schools proclaim April as Autism Awareness month, reiterating MCPS' commitment to the education of students with ASDs. Often, the MCPS *Bulletin* runs a brief article highlighting this proclamation. Across the county, individual schools participate in awareness activities ranging from showcasing bulletin boards about ASD to hosting ice cream socials. Community organizations, including the Autism Society of America and Autism Speaks, contribute awareness ribbons and other materials for display and distribution at the school level. MCPS will continue to support these advocacy groups in their outreach efforts.

We have appreciated the collaborative nature of this process and look forward to discussing the provision of special education services for students with ASD.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Starr", is positioned above the printed name of the signatory.

Joshua P. Starr, Ed.D.  
Superintendent of Schools

JPS:ct

Copy to:

Dr. Lacey  
Mr. Edwards  
Mrs. Richardson  
Ms. Mason  
Ms. Webb

## SERVICES FOR STUDENTS ON THE AUTISM SPECTRUM

### LIST OF APPENDICES

Appendix	Title	Begins on
A	Per Student Funding for Autism Waiver Program	-2-
B	Overlap between Evidence-Based Practices from the National Professional Development Center on ASD and the National Standards Project	-4-
C	Baldrige Standards of Practice and MCPS Linkages Charts	-5-
D	Office of Legislative Oversight Resource List	-15-

## Appendix A: Per Student Funding for Autism Waiver Program

Funding for the Autism Waiver Program, as a Medicaid program, is supported equally by federal funds and state dollars. Montgomery County Public Schools (MCPS) is responsible for administering this program locally. MCPS contracts with Montgomery County's Department of Health and Human Services, through a Memorandum of Understanding, for the delivery of service coordination for the recipients of the program. The Autism Waiver Program provides children with ASDs and their family's community-based wrap around services. The number of Autism Waiver slots state-wide in Maryland has been capped at 900. Currently about 200 of these slots are used by children in Montgomery County.

Since funding for the Autism Waiver Program is supported exclusively with federal and state dollars, there is no local program budget for this program other than the administrative costs incurred by MCPS for management. The costs of direct services delivered to children and families and the cost of service coordination through DHHS' are invoiced to the Maryland Department of Health and Mental Hygiene, which is the administrative agency responsible for all Medicaid programs in Maryland. As such, OLO estimated the per student costs of the Autism Waiver based on services available, hourly rates, and MCPS staff estimates of per student costs.

Table A describes the services available to students receiving Autism Waiver Services annually based on the current calendar year. Each student and family in the program has an individualized plan developed to meet their needs. If a child received the maximum amount of services available, their per student costs would amount to \$74,000 annually. This excludes DHHS' costs for service coordination at \$150 per month and recertification costs billed at \$175 annually.

**Table A: Maximum Autism Waiver Services and Costs per Student, FY11**

Types of Services	Services Available	Average Rate	Maximum Cost/Year
Intensive Individual Support Services	25 hours/week	\$29.19/hour	\$37,947
Therapeutic Integration Services	20 hours/week	\$23.38/hour	\$24,315
Respite Care	168 hours/six months	\$22.74/hour	\$7,641
Family Training	40 hours/year	\$95.53/hour	\$3,821
Environmental Accessibility Adaptations	Up to \$1,500 every 3 years	\$500.00/year	\$500
<b>Maximum Total Annual Cost per Student</b>			<b>\$74,224</b>

Rather than estimate per student costs based on the maximum usage of services, OLO instead relied on the expertise of MCPS administrative staff to arrive at an average of estimated per student costs noted in Table B on the next page. This estimate of \$50,000 per student serves as the basis of Autism Waiver costs referenced in Chapter 6; it excludes MCPS' and DHHS' administrative costs.

**Table B: Estimated Average Autism Waiver Services and Costs per Student, FY11**

	<b>Services Used</b>	<b>Average Rate</b>	<b>Average Cost/Year</b>
Intensive Individual Support Services	18 hours/week	\$29.19/hour	\$27,256
Therapeutic Integration Services	17 hours/week	\$23.38/hour	\$14,247
Respite Care	134 hours/6 months	\$22.74/hour	\$6,094
Family Training	25 hours/ year	\$95.53/hour	\$2,388
<b>Estimated Average Annual Cost per Student</b>			<b>\$49,986</b>

## Appendix B: Overlap between Evidence-Based Practices from the National Professional Development Center on ASD and the National Standards Project

Evidence-Based Practices Identified by National Professional Development Center on ASD	Established Treatments Identified by the National Standards Project (NSP)										
	Ante- cedent Package	Behav- ioral Package	Story-based Intervention Package	Modeling	Naturalistic Teaching Strategies	Peer Training Package	Pivotal Response Treatment	Schedules	Self- Manage- ment	Comprehen- sive Behavioral Treatment for Young Children	Joint Attention Intervention
Prompting	X									The NPDC on ASD did not review comprehensive treatment models. Components of the Comprehensive Behavioral Treatment of Young Children overlap with many NPDC-identified practices.	The NPDC on ASD considers joint attention to be an outcome rather than an intervention. Components of joint attention intervention overlap with many NPDC-identified practices.
Antecedent –Based Intervention	X										
Time delay	X										
Reinforcement		X									
Task analysis		X									
Discrete trial analysis		X									
Functional behavioral analysis		X									
Functional Communication Training		X									
Response Interruption/Redirection		X									
Differential Reinforcement		X									
Social Narratives			X								
Video Modeling				X							
Naturalistic Interventions					X						
Peer Mediated Intervention						X					
Pivotal Response Training							X				
Visual Supports								X			
Structured Work Systems								X			
Self Management									X		
Parent Implemented Intervention	The NSP did not consider parent-implemented intervention as a category of evidence-based practice. However, 24 of the studies reviewed by NSP under other intervention categories involve parents implementing the intervention.										
Social Skills Training Groups	Social Skills Training Groups (Social Skills Package) was identified as an emerging practice by the NSP.										
Speech Generating Devices	Speech Generating Devices (Augmentative and Alternative Communication Device) was identified as an emerging practice by the NSP.										
Computer Aided Instruction	Computer Aided Instruction (Technology-based Treatment) was identified as an emerging practice by the NSP.										
Picture Exchange Communication	Picture Exchange Communication System was identified as an emerging practice by the NSP.										
Extinction	Extinction (Reduction Package) was identified as an emerging practice by the NSP.										
Source: NPDC on ASD ( <a href="http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/images/Matrix.pdf">http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/images/Matrix.pdf</a> )											

## Appendix C: Baldrige Standards of Practice and MCPS Linkages Charts

**Table C-1: Department of Special Education Services Integrated Management System**

Categories	Requirements for DSES	DSES Practices
Leadership	<ul style="list-style-type: none"> <li>Leadership communicates values, directions, and expectations and focus on students and stakeholders, innovation, and organizational learning.</li> </ul>	<ul style="list-style-type: none"> <li>DSES staff reflect upon their mission, vision, and goals through annual retreats and leadership team, department, and individual unit meetings.</li> </ul>
Strategic Planning	<ul style="list-style-type: none"> <li>DSES has in place a strategic plan featuring measurable goals based on students' needs and stakeholders' expectations and levels of satisfaction, action plans, and progress monitoring.</li> </ul>	<p>DSES' strategic goals include:</p> <ul style="list-style-type: none"> <li>Increase adherence to timelines for special education identification from 99% to 100%.</li> <li>Reach 100% proficiency targets for AYP</li> <li>Decrease disproportionality in suspensions</li> <li>Increase the graduation rate from 58% to 63%</li> <li>Increase supports to reduce to nonpublic placements</li> <li>Ensure transition planning for each student by 14<sup>th</sup> birthday</li> <li>Increase transfers from nonpublic to public schools</li> </ul>
Student and Stakeholder Focus	<ul style="list-style-type: none"> <li>DSES determines the academic needs of students, builds relationships with students and stakeholders, and determines the key factors that lead to stakeholder satisfaction.</li> </ul>	<p>DSES' efforts include:</p> <ul style="list-style-type: none"> <li>Increased collaboration with the Offices of School Performance and Curriculum and Instruction</li> </ul> <p>And DSES participation on:</p> <ul style="list-style-type: none"> <li>The Special Education Advisory Committee</li> <li>Instructional Program Reviews</li> <li>Achievement Steering Committees</li> <li>Enhanced School Improvement Teams</li> <li>Project teams for Transition and Pre-K</li> </ul>
Measurement, Analysis, and Knowledge Management	<ul style="list-style-type: none"> <li>DSES gathers, analyzes, manages, and improves its data, information and knowledge assets to drive fact-based decision making.</li> <li>DSES monitors the effectiveness of its leadership and organizational systems, including staff development, and student and stakeholder satisfaction</li> </ul>	<p>DSES benchmarks in monitoring progress include:</p> <ul style="list-style-type: none"> <li>Monthly reports on disaggregated suspension data</li> <li>Monthly data for seclusion and restraint</li> <li>Quarterly monitoring of action plans and grants</li> <li>Quarterly eligibility data</li> <li>Quarterly/annual centralized IEP outcomes report</li> <li>Participant evaluations/surveys</li> <li>Maryland State Assessment data</li> <li>MSDE Special Education Census Data</li> <li>MSDE and internal IEP audits/file reviews</li> <li>State assessment eligibility</li> <li>Assessment eligibility tools</li> </ul>
Faculty and Staff Focus	<ul style="list-style-type: none"> <li>DSES' staff development system builds a work environment conducive to performance excellence and personal and organizational growth.</li> </ul>	<p>DSES will:</p> <ul style="list-style-type: none"> <li>Provide professional development for general and special education staff and administrators</li> <li>Partner with Towson University to develop the Special Education Middle School Institute</li> <li>Provide Universal Design for Learning training</li> <li>Write effective transition plans</li> <li>Develop its process management of key processes</li> <li>Assess and interpret data to guide decision-making for continuous improvement</li> </ul>



**Table C-1: Department of Special Education Services Integrated Management System  
Continued**

Categories	Requirements for DSES	DSES Practices
Process Management	<ul style="list-style-type: none"> <li>DSES has well-defined, well-designed, and well deployed processes, enhanced by a plan study do act (PDSA) cycle and quality tools, to monitor and analyze key components of its strategic plan.</li> </ul>	<p>The following DSES key processes are in place:</p> <ul style="list-style-type: none"> <li>Special education eligibility at age 3</li> <li>Referral process for age 18-21 transition programs</li> <li>Initial eligibility for special education services</li> <li>Maryland State Assessment eligibility tools</li> <li>Recording suspensions for students with IEP's</li> <li>Change of placement/manifestation IEP meetings</li> <li>Identification of intervention</li> <li>Monthly DSES meetings</li> <li>Monthly Special Education Supervisors' meetings</li> <li>Monthly Transition Teachers' meetings</li> <li>Achievement Steering Committee meetings</li> <li>Enhanced School Improvement Team meetings</li> </ul>
Organizational Performance Results	<ul style="list-style-type: none"> <li>DSES monitors and evaluates its leadership system and trend data for student achievement and stakeholder levels of satisfaction.</li> </ul>	<p>DSES tracks the following performance results:</p> <ul style="list-style-type: none"> <li>MSA/HSA data</li> <li>Reading and mathematics intervention data</li> <li>Suspension data of students in special education</li> <li>Graduation rate</li> <li>Special education eligibility rate</li> <li>Climate survey</li> </ul>

**Table C-2: Autism Unit Integrated Management System**

Categories	Requirements for Autism Unit	Autism Unit Practices
Leadership	<ul style="list-style-type: none"> <li>Unit leadership communicates its values, directions, and performance expectations and the focus on students, stakeholders and organizational learning.</li> </ul>	<ul style="list-style-type: none"> <li>Autism Coordinator participates in monthly OSESS Leadership Team</li> <li>Autism unit staff meet monthly</li> <li>Members of autism team meet quarterly with teachers</li> </ul>
Strategic Planning	<ul style="list-style-type: none"> <li>The Unit has in place a strategic plan featuring measurable goals based on students' needs and stakeholders' expectations and levels of satisfaction, action plans, and progress monitoring.</li> </ul>	<p>The Unit's goals include:</p> <ul style="list-style-type: none"> <li>Among students with ASD, increase LRE A participation by 10% by September 2013;</li> <li>Provide professional development that results in 90% satisfaction level;</li> <li>Monitor needs reflected on IEPs and develop services for students ASD.</li> <li>Establish parent satisfaction baseline.</li> </ul>
Student and Stakeholder Focus	<ul style="list-style-type: none"> <li>The Unit determines the academic needs of students with ASD, builds relationships with students and stakeholders, and determines the key factors that lead to stakeholder satisfaction.</li> </ul>	<p>Based on analysis of school and central staff requests, among students with ASD, the Unit will:</p> <ul style="list-style-type: none"> <li>Monitor the delivery of instruction and behavioral practices;</li> <li>Increase LRE opportunities.</li> </ul> <p>Additionally, the Unit will:</p> <ul style="list-style-type: none"> <li>Develop a process for professional development;</li> <li>Measure parent satisfaction by a random analysis of satisfied and non-satisfied parent statements.</li> </ul>
Measurement, Analysis, and Knowledge Management	<ul style="list-style-type: none"> <li>The Unit gathers, analyzes, manages, and improves its data, information and knowledge assets to drive fact-based decision making.</li> <li>The Unit monitors the effectiveness of its organizational systems, including staff development, and student and stakeholder satisfaction</li> </ul>	<p>Autism Unit benchmarks include:</p> <ul style="list-style-type: none"> <li>Quarterly analysis of consultative hours</li> <li>Annual analysis of placement data and outcomes and students at risk for more intensive services</li> <li>Annual analysis of satisfaction with consultative services</li> <li>Annual analysis of consultative trends</li> <li>Analysis of professional development data by staff satisfaction and objectives being met.</li> </ul>
Faculty and Staff Focus	<ul style="list-style-type: none"> <li>The Unit's system for staff development builds a work environment conducive to performance excellence and personal and organizational growth.</li> </ul>	<p>Based on the analysis of data, the Unit will provide:</p> <ul style="list-style-type: none"> <li>Professional development for general and special educators, psychologists, related service providers, and central support team staff;</li> <li>Individual consultation to teachers and other staff related to the needs of students with ASD;</li> <li>Promote the use of best practices for students with ASD;</li> <li>Develop action plans as needed and monitor performance; and</li> <li>Monitor satisfaction rates as reflected on Professional Development Measures.</li> </ul>
Process Management	<ul style="list-style-type: none"> <li>The Unit has well-defined, well-designed, and well deployed processes, enhanced by a plan study do act (PDSA) cycle and quality tools, to monitor and analyze key components of its strategic plan.</li> </ul>	<p>The following key processes have been put in place:</p> <ul style="list-style-type: none"> <li>Providing Autism Unit Consultations</li> <li>Evaluating students for services for ASD</li> <li>Identifying of individuals, teams, and schools requiring professional development;</li> <li>Providing educational leadership and support to classrooms serving students with ASD; and</li> <li>Evaluation professional development outcomes.</li> </ul>

**Table C-2: Autism Unit Integrated Management System, Continued**

Categories	Requirements for Autism Unit	Autism Unit Practices
Organizational Performance Results	<ul style="list-style-type: none"><li>• The Unit monitors and evaluates its leadership system and trend data for student achievement and stakeholder levels of satisfaction.</li></ul>	<p>The Unit tracks trend data on:</p> <ul style="list-style-type: none"><li>• Student placements by LRE;</li><li>• LRE status of students receiving consultative services;</li><li>• Satisfaction rate with professional development activities; and</li><li>• Parent satisfaction survey</li></ul>

**Table C-3: Emotional Disabilities Services Unit Integrated Management System**

Categories	Requirements for ED Services Unit	ED Unit Practices
Leadership	<ul style="list-style-type: none"> <li>The ED Unit communicates its values, directions, and performance expectations and the focus on students and stakeholders, staff empowerment, innovation, and organizational learning.</li> </ul>	<ul style="list-style-type: none"> <li>ED Unit Supervisor participates in monthly OSESS Leadership Team</li> <li>The ED Unit conducts ongoing discussions about student achievement, race, and equity using data on student performance and disproportionate representation.</li> </ul>
Strategic Planning	<ul style="list-style-type: none"> <li>The ED Unit has in place its strategic plan featuring measurable goals based on students' needs and stakeholders' expectations and levels of satisfaction, action plans, and progress monitoring.</li> </ul>	<p>The ED Unit strategic goals include:</p> <ul style="list-style-type: none"> <li>Increase LRE A participation by 10%;</li> <li>Decrease the use of physical restraints in ED and Bridge programs compared to 2008-09.</li> <li>Provide professional development to ED and Bridge staff resulting in 90% satisfaction; and</li> <li>Decrease suspensions in ED and Bridge programs by 10% compared to 2008-09.</li> </ul>
Student and Stakeholder Focus	<ul style="list-style-type: none"> <li>The ED Unit determines the needs of students, builds relationships with students and stakeholders, and determines the key factors that lead to stakeholder satisfaction.</li> </ul>	<p>Based on an analysis of data, the ED Unit will:</p> <ul style="list-style-type: none"> <li>Provide professional development to enable staff (teachers, paraprofessionals, others) to respond rather than to react to students' needs;</li> <li>Increase LRE opportunities for students; and</li> <li>Measure parent satisfaction via an analysis satisfied and non-satisfied statements on the parental input section of the IEP.</li> </ul>
Measurement, Analysis, and Knowledge Management	<ul style="list-style-type: none"> <li>The ED Unit gathers, analyzes, manages, and improves its data, information and knowledge assets to drive fact-based decision making.</li> <li>The ED Unit monitors the effectiveness of its organizational systems, including training and student and stakeholder satisfaction</li> </ul>	<p>The ED Services Unit benchmarks include:</p> <ul style="list-style-type: none"> <li>Monthly suspension reports from 23 programs;</li> <li>Monthly monitoring of physical restraints;</li> <li>Monthly monitoring of students' grades and attainment of IEP goals and objectives;</li> <li>Monthly analysis of consultation trends;</li> <li>Quarterly monitoring of LRE data; and</li> <li>Quarterly monitoring of actions plans related to the Response Ability Pathways (RAP)</li> </ul>
Faculty and Staff Focus	<ul style="list-style-type: none"> <li>The ED Unit system for staff development builds a work environment conducive to performance excellence and personal and organizational growth.</li> </ul>	<p>The ED Service Unit will:</p> <ul style="list-style-type: none"> <li>Increase awareness of LRE &amp; suspension data;</li> <li>Discuss demographic and equity data to focus on disproportionality;</li> <li>Discuss suspension data at weekly staffing meetings and potential impact of RAP;</li> <li>Monitor LRE data quarterly and identify the factors contributing to positive results;</li> <li>Consult with general education staff on developing functional behavioral assessments and behavior plans; and</li> <li>Develop action plans, review them quarterly, and adjust plans based on data.</li> </ul>
Process Management	<ul style="list-style-type: none"> <li>The ED Unit has well-defined, well-designed, and well deployed processes, enhanced by a plan study do act (PDSA) cycle and quality tools, to monitor and analyze key components of its strategic plan.</li> </ul>	<p>The following key processes are in place:</p> <ul style="list-style-type: none"> <li>Requests from consults from the ED Unit</li> </ul>

**Table C-3: Emotional Disabilities Services Unit Integrated Management System, Continued**

Categories	Requirements for ED Services Unit	ED Unit Practices
Organizational Performance Results	<ul style="list-style-type: none"><li>• The ED Unit monitors and evaluates its leadership system and trend data for student achievement and stakeholder levels of satisfaction.</li></ul>	<p>The ED Services Unit tracks trend data on:</p> <ul style="list-style-type: none"><li>• Suspensions of special education students;</li><li>• Graduation rate;</li><li>• LRE data;</li><li>• State assessment eligibility;</li><li>• Reading and mathematics intervention data;</li><li>• Physical restraint data; and</li><li>• Professional development staff surveys.</li></ul>

**Table C-4: Early Intervening Services/Child Find Unit Integrated Management System**

Categories	Requirements for EIS/Child Find Unit	EIS/Child Find Unit Practices
Leadership	<ul style="list-style-type: none"> <li>The EIS/Child Find Unit communicates its values, directions, and performance expectations and its focus on students and stakeholders, staff empowerment, innovation, and organizational learning.</li> </ul>	<ul style="list-style-type: none"> <li>EIS/Child Find Director participates in monthly OSESS Leadership Team</li> <li>The EIS/Child Find team reviews and discusses program site-specific data with service teams.</li> </ul>
Strategic Planning	<ul style="list-style-type: none"> <li>The EIS/Child Find Unit has in place has in place its strategic plan featuring measurable goals based on students' needs and stakeholders' expectations and levels of satisfaction, action plans, and progress monitoring.</li> </ul>	<p>The EIS/Child Find Unit will:</p> <ul style="list-style-type: none"> <li>Analyze parent feedback of group trainings to identify areas needing improvement;</li> <li>Ensure 100% compliance with timelines for initial identification and Infants and Toddlers transition;</li> <li>Improve kindergarten readiness for students with developmental delays/disabilities based on the Maryland Model for Student Readiness;</li> <li>Increase the percent of students from Preschool Education Programs (PEP) served in general education settings in kindergarten by 10% over baseline (64%); and</li> <li>Increase opportunities for interaction with typical peers for children served in PEP.</li> </ul>
Student and Stakeholder Focus	<ul style="list-style-type: none"> <li>The EIS/Child Find Unit determines the academic needs of students, builds relationships with students and stakeholders, and determines the key factors that lead to stakeholder satisfaction.</li> </ul>	<p>The EIS/Child Find Unit will:</p> <ul style="list-style-type: none"> <li>Convene PEP parent feedback/visioning group;</li> <li>Review and analyze parent feedback forms for screenings, assessments and IEP meetings and communication to staff members from parents;</li> <li>Conduct surveys;</li> <li>Review professional development evaluations;</li> <li>Conduct instructional program reviews; and</li> <li>Assess needs and conduct bilingual screenings.</li> </ul>
Measurement, Analysis, and Knowledge Management	<ul style="list-style-type: none"> <li>The EIS/Child Find Unit gathers, analyzes, manages, and improves its data, information and knowledge assets to drive fact-based decision making.</li> <li>The EIS/Child Find Unit monitors the effectiveness of its organizational systems, including staff development, and stakeholder satisfaction</li> </ul>	<p>The EIS/Child Find Unit benchmarks include:</p> <ul style="list-style-type: none"> <li>Monthly report on timely implementation of IDEA timelines;</li> <li>Participant evaluations from PEP and early childhood professional development;</li> <li>MSDE Special Education Census data;</li> <li>Feedback from parent education sessions;</li> <li>LRE data for kindergarten recommendations for PEP students; and</li> <li>Assessment eligibility tools.</li> </ul>
Faculty and Staff Focus	<ul style="list-style-type: none"> <li>The EIS/Child Find Unit system for staff development builds a work environment conducive to performance excellence and personal and organizational growth.</li> </ul>	<p>The EIS/Child Find Unit will:</p> <ul style="list-style-type: none"> <li>Participate in curricula training project planning teams with general education peers;</li> <li>Expand co-teaching opportunities and co-location of PEP classrooms with Head Start/Pre-K; and</li> <li>Implement staff evaluations system with school principals with focus on data/school readiness.</li> </ul>

**Table C-4: Early Intervening Services & Child Find Unit Integrated Management System,  
Continued**

Categories	Requirements for EIS/Child Find Unit	EIS/Child Find Unit Practices
Process Management	<ul style="list-style-type: none"><li>• The EIS/Child Find Unit has well-defined, well-designed, and well deployed processes, enhanced by a plan study do act (PDSA) cycle and quality tools, to monitor and analyze key components of its strategic plan.</li></ul>	<p>The following key processes are in place:</p> <ul style="list-style-type: none"><li>• Special education eligibility at age 3;</li><li>• Initial eligibility process for 3-5 year olds;</li><li>• Instructional program reviews; and</li><li>• Transitional process from PEP to kindergarten (PEP process charts).</li></ul>
Organizational Performance Results	<ul style="list-style-type: none"><li>• The EIS/Child Find Unit monitors and evaluates its leadership system and trend data for student achievement and stakeholder levels of satisfaction.</li></ul>	<p>The EIS/Child Find Unit tracks trend data on:</p> <ul style="list-style-type: none"><li>• Monthly Infant and Toddler transition reports;</li><li>• Equity timeline/IEP monitoring process for initial IEP meetings;</li><li>• LRE;</li><li>• Maryland Model for School Readiness;</li><li>• Assessment team timelines;</li><li>• Screening results data for assessors;</li><li>• Parent satisfaction; and</li><li>• IDEA compliance.</li></ul>

**Table C-5: Montgomery County Infants and Toddlers Program**

Categories	Requirements for MCITP	MCITP Practices
Leadership	<ul style="list-style-type: none"> <li>MCITP communicates its values, directions, and performance expectations and its focus on students and stakeholders, staff empowerment, innovation, and organizational learning.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborates with lead agency (DHHS)</li> <li>Works with MCPS Division of Pre-K Special Programs and Related Services</li> <li>Reviews program specific data</li> </ul>
Strategic Planning	<ul style="list-style-type: none"> <li>MCITP has in place its strategic plan featuring measurable goals based on students' needs and stakeholders' expectations and levels of satisfaction, action plans, and progress monitoring.</li> </ul>	<p>MCITP will:</p> <ul style="list-style-type: none"> <li>Analyze professional development feedback and obtain 90% satisfaction rate</li> <li>Demonstrate year round service delivery</li> <li>Increase family survey response rate 10% from baseline rate of 7%</li> <li>Develop the initial IFSP within 45 day timeframe;</li> <li>Meet transition planning meeting timelines</li> <li>Assist MCPS in maintaining 100% compliance with IEP by 3<sup>rd</sup> birthday; and</li> <li>Achieve 90.5% state target of providing services to children in natural environments.</li> </ul>
Student and Stakeholder Focus	<ul style="list-style-type: none"> <li>MCITP determines the academic needs of students, builds relationships with students and stakeholders, and determines the key factors that lead to stakeholder satisfaction.</li> </ul>	<p>MCITP will:</p> <ul style="list-style-type: none"> <li>Implement the MMSR and Work Sampling System (WSS) for children in extended IFSP</li> <li>Increase parent participation in the MSDE family survey</li> <li>Collaborate and participate with DHHS in the MCITP professional development plan</li> <li>Support the Inclusive Childcare Initiative, Special Olympics, and other community outreach efforts coordinated by DHHS.</li> </ul>
Measurement, Analysis, and Knowledge Management	<ul style="list-style-type: none"> <li>MCITP gathers, analyzes, manages, and improves its data, information and knowledge assets to drive fact-based decision making.</li> <li>MCITP monitors the effectiveness of its organizational systems, including staff development, and stakeholder satisfaction</li> </ul>	<p>MCITP benchmarks include:</p> <ul style="list-style-type: none"> <li>Monthly reports on IFSP and transition planning meeting (TPM) completion</li> <li>Monthly reports on service coordination</li> <li>Monitoring of IFSP completion to ensure development of educational outcomes for children in Extended IFSP.</li> </ul>
Faculty and Staff Focus	<ul style="list-style-type: none"> <li>MCITP system for staff development builds a work environment conducive to performance excellence and personal and organizational growth.</li> </ul>	<p>MCITP will:</p> <ul style="list-style-type: none"> <li>Provide professional development linked to needs assessment for MCPS professional staff, paraprofessionals, and site leadership teams;</li> <li>Work with DHHS to increase community partnerships opportunities to increase children's participation in natural environments.</li> </ul>



**Table C-5: Montgomery County Infants and Toddlers Program, Continued**

Categories	Requirements for MCITP	MCITP Practices
Process Management	<ul style="list-style-type: none"> <li>MCITP has well-defined, well-designed, and well deployed processes, enhanced by a plan study do act (PDSA) cycle and quality tools, to monitor and analyze key components of its strategic plan.</li> </ul>	<p>The following key processes are in place:</p> <ul style="list-style-type: none"> <li>Transition from MCITP to Extended IFSP or Part B services</li> <li>Special education eligibility at age 3</li> <li>Child Outcomes Summary Form training review</li> <li>Action plan for geographic redistribution of site enrollment</li> <li>MMSR and WSS training for staff</li> <li>Online IFSP pilot</li> <li>Program specific training for IEP development</li> </ul>
Organizational Performance Results	<ul style="list-style-type: none"> <li>MCITP monitors and evaluates its leadership system and trend data for student achievement and stakeholder levels of satisfaction.</li> </ul>	<p>MCITP tracks trend data on:</p> <ul style="list-style-type: none"> <li>Initial assessment and IFSP development within 45-day timeline</li> <li>Initial visits within 30 days of IFSP development</li> <li>Progress on federally mandated child outcomes</li> <li>TPM between 27 and 33 months of age</li> <li>IEP eligibility by age 3</li> <li>Extended IFSP educational outcomes</li> <li>WSS</li> <li>MSDE Family Survey results</li> <li>Professional development needs assessment.</li> </ul>

## **Appendix D: Office of Legislative Oversight Resource List**

OLO consulted a number of resources inclusive of brochures, documents, and websites for this report from four sets of primary sources:

1. Montgomery County Public Schools;
2. Maryland State Department of Education;
3. Montgomery County Department of Health and Human Services; and
4. Federally funded agencies and research organizations.

A list of resources from these sources and other resources consulted and cited in this report follows.

### **1. MCPS Documents**

Annual Report on the Strategic Plan

<http://www.montgomeryschoolsmd.org/about/strategicplan/>

Board of Education Committee on Special Populations Minutes – October 11, 2010, May 24, 2011

Board of Education Special Education Ad Hoc Committee Minutes - January 19, 2008

Board of Education Policy IOB, Education of Students with Disabilities

<http://www.montgomeryschoolsmd.org/departments/policy/pdf/iob.pdf>

Bridge Services Brochure

Classical Program Review: Special Education Programs and Services in Montgomery County Public Schools

Closing the Gap: Seven Keys to College Readiness for Students of all Races/Ethnicities

<http://www.montgomeryschoolsmd.org/info/keys/documents/research.pdf>

Elementary Teacher Report for Quarterly Progress

(Form 272-5 - <http://www.montgomeryschoolsmd.org/departments/forms/pdf/272-5.pdf>)

Evaluation of the Phase Out of the Secondary Learning Centers: Final Report, Suzanne Merchlinsky, Elizabeth Cooper-Martin, and Scot Mc Nary, February 2009

FY11 Locations of Programs and Services for Special Education Students

FY11 Program Budget

FY11 Projected Special Education Enrollment, March 1, 2010

FY11 Special Education Staffing Plan, December 2009

FY12 Capital Improvement Program

FY12 Program Budget

FY12 Projected Special Education Enrollment by Program – March 1, 2011

FY12 Recommended Program Budget

FY12 Special Education Staffing Plan, December 2010

Grade Distribution of Students Initially Identified to Receive Autism Services, March 2011 as of March 10, 11 (unpublished data)

Guide to Planning and Assessing School-Based Special Education Programs

Home and Community Based Services Waiver Program, Children with Autism Spectrum Disorder, presentation, February 15, 2011

MCPS Regulation ACG-RB – Accommodations and Services to Students Qualifying Under Section 504 of the Rehabilitation Act of 1973

Our Call to Action: Pursuit of Excellence

<http://www.montgomeryschoolsmd.org/about/strategicplan/>

Parental Rights: Maryland Procedural Safeguards Notice

[http://www.montgomeryschoolsmd.org/departments/specialed/resources/MarylandProceduralSafeguardsNotice\\_updatedjanuary2.pdf](http://www.montgomeryschoolsmd.org/departments/specialed/resources/MarylandProceduralSafeguardsNotice_updatedjanuary2.pdf)

Problem Solving for Student Success

<http://montgomeryschoolsmd.org/departments/specialed/resources/ProbSolv.pdf>

Procedures for Confirming Emotional Disturbance and Mental Retardation, 2004

<http://www.montgomeryschoolsmd.org/departments/specialed/resources/edmrguidelines.pdf>

Programs for Montgomery County Public Schools with Primary Disability of Autism Spectrum Disorder as of March 1, 2011, unpublished data

Projected Special Education Enrollment, Services, and Positions, December 2010

Report on Disproportionality in MCPS 2009

<http://www.montgomeryschoolsmd.org/departments/edservices/gr/ReportOnDisproportionality.pdf>

School Improvement Requirements in Title I Schools

[http://montgomeryschoolsmd.org/departments/titleone/includes/si\\_requirement.shtml](http://montgomeryschoolsmd.org/departments/titleone/includes/si_requirement.shtml)

Secondary Teacher Report for Quarterly Progress

(Form 272-6- <http://www.montgomeryschoolsmd.org/departments/forms/pdf/272-6.pdf>)

Special Education Initial Evaluation Process Map

Services for Students with Emotional Disabilities Brochure

Strategic Plans (Linkages Charts) for the Department of Special Education Services, and Autism Unit, Emotional Disability Services Unit, Early Intervening Services Unit, and Infants and Toddlers Program, November 2011

Students Identified with Autism Spectrum Disorders, 1999-00 to 2010-11 (unpublished data)

The Parent Guide to Special Education (website)

<http://montgomeryschoolsmd.org/departments/specialed/parents/>

The State of Special Education School Year 2004 – 2005

<http://www.montgomeryschoolsmd.org/departments/specialed/resources/StateCIT.PDF>

Update on Prekindergarten Special Education, memorandum from Superintendent Weast to Board of Education, September 16, 2010

## **2. MSDE Documents**

2010 Maryland Report Card <http://www.mdreportcard.org>

Adequate Yearly Progress Special Education Center Schools

[http://www.mdideareport.org/SupportingDocuments/AYP\\_SpecEdCenters\\_School\\_Level\\_Results\\_2010.pdf](http://www.mdideareport.org/SupportingDocuments/AYP_SpecEdCenters_School_Level_Results_2010.pdf)

A Family Guide to Next Steps When Your Child in Early Intervention Turns 3

Autism Task Force Report: Service Delivery Recommendations for Young Children with Autism, December 10, 2004

Dreams and Challenges: A Family's Guide to the Maryland Infants and Toddlers Program

Extended IFSP Option for Age 3 to Kindergarten Age: Policies and Procedures, July 1, 2009 – Final

Maryland Accommodations Manual (for MSAs)

[http://www.marylandpublicschools.org/MSDE/testing/testing\\_overview.htm?WBCMODE=Presen%25%3e%25%25%2cPresen%25%3e%25%25](http://www.marylandpublicschools.org/MSDE/testing/testing_overview.htm?WBCMODE=Presen%25%3e%25%25%2cPresen%25%3e%25%25)

MSDE Public Website of State Performance Plan Results <http://www.mdideareport.org>

MSDE webpages:

- [http://www.marylandpublicschools.org/MSDE/testing/alt\\_msa/](http://www.marylandpublicschools.org/MSDE/testing/alt_msa/)
- [http://www.marylandpublicschools.org/MSDE/programs/esea/teacher\\_quality\\_reg.htm](http://www.marylandpublicschools.org/MSDE/programs/esea/teacher_quality_reg.htm)
- <http://mdk12.org/assessments/ayp/index.html>

Part B determination letters from Carol Ann Heath to Jerry Weast, May 18, 2010 and May 3, 2011

Part C determination letters from Carol Ann Heath to Uma Ahluwalia, May 18, 2010 and May 3, 2011

Special Education/Early Intervention Services Census and Report Card

The Maryland Infants and Toddlers Program Physician's Guide for Referring Children with Developmental Delays and Disabilities to Maryland's System of Early Intervention Services, MSDE

### **3. DHHS Documents**

Call to Action: Strategic Steps for Real Change – 2009 Study Results from the Workgroup on the Future for People with Severe Developmental Disabilities, including Autism

Community Support Network for People with Developmental Disabilities, Brochure

Interagency Agreement – Infants and Toddlers Program, FY 2011, Montgomery County, Maryland

Montgomery County Infants and Toddlers Program Local Interagency Coordinating Council, Autism Work Group Report – May 2, 2007

My Turn Program, Supporting Children with Disabilities, Brochure

Partnerships for a Positive Future: 2009 Study Results from the Workgroup on the Future for People with Severe Developmental Disabilities, including Autism

Respite Services: Supporting Caregivers Who Provide On-Going Care to a Family Member, Brochure

### **4. Federally Funded Agencies and Research Organizations**

Autism Spectrum Disorders Pervasive Developmental Disorders, National Institutes of Health  
National Institute of Mental Health, NIH Publication No. 08-5511

Center for Disease Control, Facts on Autism - <http://www.cdc.gov/ncbddd/autism/facts.html>

Educating Children with Autism, Committee on Educational Interventions for Children with Autism, National Research Council, National Academy Press, 2001 <http://www.nap.edu/catalog/10017.html>

Evidence-based Practice and Autism in the Schools: A guide to providing appropriate interventions to students with autism spectrum disorders. National Autism Center, 2009  
[http://www.nationalautismcenter.org/pdf/NAC%20Ed%20Manual\\_FINAL.pdf](http://www.nationalautismcenter.org/pdf/NAC%20Ed%20Manual_FINAL.pdf)

IDEA Partnership – Autism Spectrum Disorders: An Overview of Supports and Interventions, February 2010

IDEA Partnership – Presenter's Guide: Autism Spectrum Disorders Supports and Interventions, February 2010

National Institute of Mental Health, Facts on Autism  
<http://www.nimh.nih.gov/health/publications/autism/complete-index.shtml>

National Institute of Neurological Disorders and Stokes, Facts on Autism

[http://www.ninds.nih.gov/disorders/autism/detail\\_autism.htm](http://www.ninds.nih.gov/disorders/autism/detail_autism.htm)

National Professional Development Center on Autism Spectrum Disorders, Evidence-Based Practice Briefs, 2011 <http://autismpdc.fpg.unc.edu/contents/briefs>

The National Autism Center's National Standards Project: Findings and Conclusion Report. National Autism Center, 2009

Government Accountability Office, Children with Autism, GAO-05-220, January 2005

## **5. Other Resources**

An Analysis of Montgomery County Public Schools' Special Education Spending: Part I (OLO Report 2004-4) Sue Richards, Craig Howard, and Ben Stutz

An Analysis of Montgomery County Public Schools' Special Education Spending: Part II (OLO Memorandum Report 2004-9) Craig Howard and Scott Brown, September 30, 2004

A Review of Updated Prevalence of Autism Spectrum Disorders, Presentation by Li-Chung Lu to Maryland Autism Commission, January 12, 2010

A Special Edition: Focus on Autism 2009, Baltimore's Child - Volume X, 2009

Autism in Tennessee: Part 1 - An Introduction to Issues and Data Collection Methods Issue Series, October 2009 (*Updated February 2010*)

Autism in Tennessee: Part 2 – Education, November 2010

Inclusive Education in Maryland: A Blueprint for Change, Maryland Developmental Disabilities Council, January 2003

Maryland's Autism Waiver: A Practical Guide for Families, Maryland Disability Law Center. Baltimore, MD

Maryland Commission on Autism, Interim Report on Activities, Findings, and Recommendations – August 15, 2011

Maryland Commission on Autism, Minutes, January 12, 2010, April 20, 2010, and July 11, 2010

Mayo Clinic, Symptoms

<http://www.mayoclinic.com/health/autism/DS00348/DSECTION=symptoms>

MCPS' Career and Life Readiness Programs (OLO-Report 2009-10) Elaine Bonner-Tompkins and Kristen Latham, April 28, 2009

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